

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91279 005 ***150.00

UBR55135

DOCUMENT # P15563

1. Entity Name
MDC VACUUM PRODUCTS CORPORATION

Principal Place of Business Mailing Address
23842 CABOT BLVD. **23842 CABOT BLVD.**
HAYWARD CA 94545 **HAYWARD CA 94545**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **94-1624336** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBERRY, DEE
6460 PARKLAND DR
SARASOTA FL 34243

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	DEL CASTELLO, MICHAEL	
STREET ADDRESS	23842 CABOT BLVD.	
CITY-ST-ZIP	HAYWARD CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONTIN, JOSE	
STREET ADDRESS	23842 CABOT BLVD.	
CITY-ST-ZIP	HAYWARD CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHASE, CHARLES E.	
STREET ADDRESS	101 LINCOLN CENTRE DRIVE	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWNELL, JOE	
STREET ADDRESS	23842 CABOT BLVD	
CITY-ST-ZIP	HAYWARD CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMOLKA, JOEL	
STREET ADDRESS	23842 CABOT BLVD	
CITY-ST-ZIP	HAYWARD CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOE BROWNELL** 4-25-01 510-265-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)