

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90118 047 ***150.00

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DOCUMENT # P20162

1. Corporation Name

SPECIALIZED BICYCLE COMPONENTS, INC.

Principal Place of Business

15130 CONCORD CIRCLE
MORGAN HILL CA 95037

Mailing Address

15130 CONCORD CIRCLE
MORGAN HILL CA 95037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1988

4. FEI Number
94-2441412

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SINYARD, MICHAEL
STREET ADDRESS 15130 CONCORD CIRCLE
CITY-ST-ZIP MORGAN HILL CA

TITLE VPD ☒ DELETE

NAME FONG, MAGGIE
STREET ADDRESS 15130 CONCORD CIRCLE
CITY-ST-ZIP MORGAN HILL CA

TITLE C ☒ DELETE

NAME LILLIE, JOHN
STREET ADDRESS 15130 CONCORD CIRCLE
CITY-ST-ZIP MORGAN HILL CA

TITLE VP ☐ DELETE

NAME MARGEVICIUS, BOB
STREET ADDRESS 15130 CONCORD CIRCLE
CITY-ST-ZIP MORGAN HILL CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME T/V
STREET ADDRESS BRAD OGDEN
CITY-ST-ZIP 15130 CONCORD CIRCLE
MORGAN HILL CA 95037

2.1 TITLE ☐ Change ☒ Addition

NAME P
STREET ADDRESS TOM ALBERS
CITY-ST-ZIP 15130 CONCORD CIRCLE
MORGAN HILL CA 95037

3.1 TITLE ☐ Change ☒ Addition

NAME V
STREET ADDRESS ERIC EDGECLUMBE
CITY-ST-ZIP 15130 CONCORD CIRCLE
MORGAN HILL CA 95037

4.1 TITLE ☐ Change ☒ Addition

NAME S
STREET ADDRESS EA MITCHELL
CITY-ST-ZIP 15130 CONCORD CIRCLE
MORGAN HILL CA 95037

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)