## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # P22104** Jun 09, 2000 8:00 am 1. Entity Name Secretary of State RAMCO ELECTRONICS, INC. 06-09-2000 90021 019 \*\*\*550.00 Principal Place of Business Mailing Address 3315 SW 11 AVENUE 3315 SW 11 AVENUE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315-2901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0085902 Not Applicable Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name a the second of the second VELTRI, KAREN J. Street Address (P.O. Box Number is Not Acceptable) 3315 SW 11 AVENUE FORT LAUDERDALE FL 33315 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD ☐ Delete TITLE Change TITLE MOCKLER, ARTHUR F. NAME MOCKLER, ARTHUR F. NAME 7439 ST. CARLO AVENUE STREET ADDRESS STREET ADDRESS 7439 ST CARLO AVEQ CITY-ST-ZIP CITY-ST-ZIP STOCKTON, CA 95207 STOCKTON VA 95207 ☐ Change ☐ Addition ☐ Delete TITLE MOCKLER, ROBERT, JR. NAME NAME STREET ADDRESS STREET ADDRESS 770 ANDERSON AVE- APT 12Q CITY-ST-ZIP CITY-ST-ZIP **CLIFFSIDE PARK NJ 07010** ☐ Change Addition ☐ Delete TITLE MOCKLER: ROBERT-SR. NAME NAME STREET ADDRESS STREET ADDRESS 770 ANDERSON AVE- APT 12Q CITY-ST-7IP CITY-ST-ZIP CLIFFSIDE PARK NJ 07010 ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete<sup>2</sup> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Arthur Mockler 6/1/00

Daytime Phone #