2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27044

1. Entity Name

EPICOR INDUSTRIES, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91866 018 ***150.00

Principal Place of Business 900 SOUTH BROADWAY DENVER CO 80209 US			900 S	Mailing Address 900 SOUTH BROADWAY DENVER CO 80209 US						
2. Principal F			3. Mail	3. Mailing Address			I CONTROL IND INDIA INDIA NOTAL MUNIC MINI ATRI DINAL	BIBNI BIBNI BIBNI AN	#11 OLUM 1001	
4801 Springfield Street Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HEDE IE WAKIN	IC CHANGES		
				City 9 Chara			CHECK HERE IF MAKING CHANGES			
City & State Dayton, OH			City	City & State			FEI Number 36-3672434		oplied For ot Applicable	
Zip	Country		Zip		Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
45431	6 Nama	US	ent Begisters	d Agent	- 1			Fee Require	bd	
	b. Name	and Address of Curr	ent Hegistere	d Agent	Name		Name and Address of New Registered	u Agent		
CT CORPORATION SYSTEM				Stroot Add			so (RO, Roy Number is Not Accentable)			
1200 S PINE ISLAND RD				Street Address			(P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324										
					City	ty FL Zip Code				
			nt for the purp	ose of changing its r	I egistered office o	r registered ag	ent, or both, in the State of Florida. I ar	I n familiar with,	and accept	
the obligat	tions of registe	ered agent.								
SIGNATURE .	Signature, broad	or printed name of registered a	rent and title if ann	licable (NOTE:	Registered Agent signal	ura required when h	einstating) DATE			
····			gent and the fi app	iicabie. (NOTE.	negistered Agent signal	are required witer in	Enistating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o		00	State			9. Election Campaign Financing	\$5.0	May Be		
							Trust Fund Contribution	Added	d to Fees	
	k Payable to	Florida Departmer		RS	11.		DITIONS/CHANGES TO OFFICERS AN			
Make Check	k Payable to	Florida Departmer OFFICERS A	nt of State	RS Delete	TITLE	Diřecto	DOITIONS/CHANGES TO OFFICERS AN r/President			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

(303)744-5123

Daytime Phone #

CR2E034 (10/0)