

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27429

1. Entity Name
ECLIPSE BLIND SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 1:36

Principal Place of Business: **5854 MIAMI LAKES DR E MIAMI FL 33014**
Mailing Address: **7154 STATE ROUTE 88 P.O. BOX 848 RAVENNA OH 44266 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE *01*

4. FEI Number **65-0172265** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
~~WATSON, JAMES W~~ *No longer with company*
~~5854 MIAMI LAKES DR E MIAMI FL 33014~~

7. Name and Address of New Registered Agent
Name: **C. Scott Kohl**
Street Address (P.O. Box Number is Not Acceptable): **5854 Miami Lakes Dr E**
City: **Miami FL** Zip Code: **33014**

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: *[Signature]* **C. Scott Kohl, VP of Finance** DATE: **9/20/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE: PD	<input checked="" type="checkbox"/> Delete
NAME: WATSON, JAMES	
STREET ADDRESS: 7154 STATE ROUTE 88	
CITY-ST-ZIP: RAVENNA OH 44266	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP of Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: C. Scott Kohl	
STREET ADDRESS: 7154 St. Rt. 88	
CITY-ST-ZIP: RAVENNA, OH 44266	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
100004670981--1 -11/07/01-01058-012 ****750.00 ****750.00	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* **Scott Kohl, VP of Finance** DATE: **9/20/01** DAYTIME PHONE #: **(382) 296-0111**

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CRRE034 (5/01)