

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 2:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P30062

(4)

1. Corporation Name

UNITHERM DIVISION, INC.

Principal Place of Business

**29982 IVY GLENN DRIVE
LAGUNA NIGUEL CA 92677**

Mailing Address

**29982 IVY GLENN DRIVE
LAGUNA NIGUEL CA 92677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/03/1990

3a. Date of Last Report

03/29/1994

4. FEI Number

95-1947155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	HAGAN, J. MICHAEL
STREET ADDRESS	29982 IVY GLENN DR
CITY-ST-ZIP	LAGUNA NIGUEL CA
TITLE	VS
NAME	HOUDESHILL, MONTY A.
STREET ADDRESS	29982 IVY GLENN DR
CITY-ST-ZIP	LAGUNA NIGUEL CA
TITLE	D
NAME	CHURM, PETER
STREET ADDRESS	67 MONARCH BAY
CITY-ST-ZIP	SOUTH LAGUNA CA
TITLE	D
NAME	CHASE, COCHRANE
STREET ADDRESS	2161 PAPAYA DRIVE
CITY-ST-ZIP	LA HABRA HEIGHTS CA
TITLE	D
NAME	DEDAPPER, JAY
STREET ADDRESS	29982 IVY GLENN DRIVE
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677
TITLE	D
NAME	CVENGROS, WILLIAM D
STREET ADDRESS	29982 IVY GLENN DRIVE
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Signature Printed Name

4/12/95

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