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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morton  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P34158** (6)  
 1. Corporation Name  
**LYNN ELECTRONICS CORPORATION**

Principal Place of Business Mailing Address  
**915 PENNSYLVANIA BOULEVARD FEASTERVILLE PA 19053-7815**  
**915 PENNSYLVANIA BOULEVARD FEASTERVILLE PA 19053-7815**

DO NOT WRITE IN THIS SPACE.

|  |         |                     |         |   |                                |
|--|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business   |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21   |         | 26                  |         | 06/03/1991  | 05/01/1994                     |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| 22   |         | 27                  |         | 23-1636460  | Not Applicable                 |
| City & State   |         | City & State        |         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23   |         | 28                  |         | <input type="checkbox"/>  |                                |
| Zip  | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24   | 25      | 29                  | 30      | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent                                  |         |                     |         | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes |                                |
| ROSEN, LOUIS<br>4100 NORTH POWERLINE ROAD<br>SUITE M-1<br>POMPANO BEACH FL 33067 |         |                     |         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |
|  |         |                     |         | 10. Name and Address of New Registered Agent  |                                |
|  |         |                     |         | B1 Name   |                                |
|  |         |                     |         | B2 Street Address (P.O. Box Number is Not Acceptable)                                   |                                |
|  |         | B3                  |         |   |                                |
|  |         | B4 City             |         | FL B5 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 |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | P                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSEN, MICHAEL     | 1.2 NAME  |   |
| STREET ADDRESS             | 5242 NESHAMNY BLVD | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BENSALEM PA        | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | V                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSEN, LOUIS       | 2.2 NAME  |   |
| STREET ADDRESS             | 2355 DRAYTON DRIVE | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BOCA RATON FL      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | S                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YAMPOLSKY, LINDA   | 3.2 NAME  |   |
| STREET ADDRESS             | 840 BRISTOL ROAD   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | SOUTHAMPTON PA     | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 4.2 NAME  |   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 5.2 NAME  |   |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 6.2 NAME  |   |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                    | 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 110.07(3)(h), 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.

SIGNATURE:  MICHAEL ROSEN ✓ 3/15/95 (PIS) 677-6700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)