

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 031 ***150.00

DOCUMENT # P34158

1. Entity Name
LYNN ELECTRONICS CORPORATION

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

Mailing Address
915 PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053-7815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
154 Railroad Drive

3. Mailing Address
154 Railroad Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Joyland PA

City & State
Joyland, PA

4. FEI Number
23-1636460

Applied For
 Not Applicable

Zip
18974

Country

Zip
18974

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, LOUIS
4100 NORTH POWERLINE ROAD
STE T-5
POMPANO BEACH FL 33073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Michael Rosen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002, Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **ROSEN, MICHAEL**
 STREET ADDRESS **707 ALTON CT.**
 CITY-ST-ZIP **AMBLER PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ROSEN, LOUIS**
 STREET ADDRESS **23393 SERENE MEADOW DRIVE SOUTH**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **YAMPOLSKY, LINDA**
 STREET ADDRESS **840 BRISTOL ROAD**
 CITY-ST-ZIP **SOUTHAMPTON PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **YAMPOLSKY, MICHAEL**
 STREET ADDRESS **840 BRISTOL RD**
 CITY-ST-ZIP **SOUTHAMPTON PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Michael Rosen* **SIGNATURE REQUIRED**

CR2E034 (9/01)