

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

2. Principal Place of Business
154 Railroad Drive
 Suite, Apt. #, etc.

3. Mailing Address
154 Railroad Drive
 Suite, Apt. #, etc.

City & State
Ivyland PA
Zip 18974 **Country**

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Ivyland PA
Zip 18974 **Country**

4. FEI Number **23-1636460**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------------------|-----------------|---------------------------------|
| P | ROSEN, MICHAEL | 707 ALTON CT. | AMBLER PA | <input type="checkbox"/> |
| V | ROSEN, LOUIS | 23393 SERENE MEADOW DRIVE SOUTH | BOCA RATON FL | <input type="checkbox"/> |
| ST | YAMPOLSKY, LINDA | 840 BRISTOL ROAD | SOUTHAMPTON PA | <input type="checkbox"/> |
| VP | YAMPOLSKY, MICHAEL | 840 BRISTOL RD | SOUTHAMPTON PA | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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)