

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90053 045 ***550.00

DOCUMENT # P37622

1. Entity Name
UNIVERSAL ELECTRONICS OF DELAWARE, INC.

Principal Place of Business
**6101 GATEWAY DR
 CYPRESS CA 90630
 US**

Mailing Address
**6101 GATEWAY DR
 CYPRESS CA 90630
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0204817**

Applied For
 Not Applicable

Zip Country

Zip 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
 NAME **JAYNE, CAMILLE**
 STREET ADDRESS **6101 GATEWAY DR**
 CITY-ST-ZIP **CYPRESS CA 90630**

TITLE **CEO** ☐ Change ☒ Addition
 NAME **Paul Arling**
 STREET ADDRESS **6101 Gateway Drive**
 CITY-ST-ZIP **Cypress, CA 90630**

TITLE **S** ☐ Delete
 NAME **FIREHAMMER, RICHARD A. J**
 STREET ADDRESS **8190 CARRINGTON PLACE**
 CITY-ST-ZIP **BAINBRIDGE TOWNSHIP OH 44023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **ARLING, PAUL**
 STREET ADDRESS **6101 GATEWAY DR**
 CITY-ST-ZIP **CYPRESS CA 90630**

TITLE **President, COO** ☐ Change ☒ Addition
 NAME **Robert Lillencor**
 STREET ADDRESS **6101 Gateway Drive**
 CITY-ST-ZIP **Cypress, CA 90630**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Mark Belzowski**
 STREET ADDRESS **6101 Gateway Drive**
 CITY-ST-ZIP **Cypress, CA 90630**

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: **Mark Belzowski**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 **714-820-1084**
 Date Daytime Phone #

CR2E034 (4/02)