2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P37622 **DOCUMENT #**

1. Entity Name UNIVERSAL ELECTRONICS OF DELAWARE, INC.



Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90519 042 ***150.00

						345						
Principal Place of Business				Mailing Address					~			
6101 GATEWAY DR				6101 GATEWAY DR				90011508				
CYPRESS CA 90630 US			US	CYPRESS CA 90630							IRIL BIRKI IRBI	
03			00									
2. Principal P	Place of Busin	ess	3. Mail	3. Mailing Address					110 (III) B(D)) 8 11	U BIBNI DIBNI B	10f1 0101f 10 1 f	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE	IE MAKING	CHANGES		
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City & Stat	te		City	City & State				. FEI Number 33-0204817	· 	_ 	oplied For ot Applicable	
Zip Country			Zip	· 	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
		CORPORATION SYS	TEM, INC.		Street Address (P.O. Box Number is Not Acceptable)							
1201 HAY												
SUITE 10	5				•							
TALLAHA:		City				FL	Zip Code	9				
	named entity tions of regist		for the purp	ose of changing its	register	ed office or regis	stered a	agent, or both, in the State of Fk	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	ficable. (NOTi	: Registere	d Agent signature requ	Jired when	n reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department						9. Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees	
10.		OFFICERS ANI	D DIRECTO	RS	11.		A	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	CEO			Delete	TITLE					Change	Addition	
NAME	ARLING, F				NAM	E					1	
STREET ADDRESS	6101 GAT					ET ADDRESS						
CITY-ST-ZIP	<u> </u>	CA 90630			CITY	-ST-ZIP		<u> </u>				
TITLE	S	450 01011100 4 1		Delete	TITL					Change	☐ Addition	
NAME		MER, RICHARD A. J			NAM	· I						
STREET ADDRESS		RINGTON PLACE GE TOWNSHIP OH 44	1000			ET ADDRESS - ST-ZIP					ĺ	
CITY-ST-ZIP		GE TOWNSHIP OF 4	*UZ3 		-							
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NAME	BELZOWS				NAM	E					ŀ	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: