2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # P40886** WESTINGHOUSE AUDIO INTELLIGENCE DEVICES, INC. 04-22-2000 90062 021 ***150.00 Mailing Address Principal Place of Business 12301 N.W. 39TH STREET 12301 N.W. 39TH STREET CORAL SPRINGS FL 33065-2403 CORAL SPRINGS FL 33065 US. 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 52-1798529 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change X Delete TITLE P THOMAS L. KIRK NAME GATES, WILLIAM STREET ADDRESS STREET ADDRESS 12301 NW 39TH ST 12301 NW 39th St. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** CORAL SPRINGS, FL 33065 M Change ☐ Addition Delete TITLE VP WILLIAM D. PLANTZ NAME LONGA, WILLIAM C NAME STREET ADDRESS 12301 NW 39th St. STREET ADDRESS 264 AMITY RD, SUITE 103 CITY-ST-ZIP CORAL SPRINGS, 33065 CITY-ST-ZIP **WOODBRIDGE CT 06525** - - Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

R OR DIRECTOR

D TYPED OR PRINTED NAME OF

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