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FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000019578 (1)

1. Corporation Name

BAY MICROTECH, INC.

Principal Place of Business

Mailing Address

11504 SHIMMERING SHORE PLACE  
TAMPA FL 33624  
US

11504 SHIMMERING SHORE PLACE  
TAMPA FL 33624  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

59-3230033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARIO, VIK H  
11504 SHIMMERING SHORE PLACE  
TAMPA FL 33624

81 Name

LISA, L. KARIO

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

11504 SHIMMERING SHORE PLACE

83

84 City TAMPA

FL

85 Zip Code 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lisa Kario* Lisa Kario, President

3/31/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME KARIO, VIK H  
STREET ADDRESS 10147 CEDAR DUNE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME LISA, L. KARIO  
1.3 STREET ADDRESS 11504 SHIMMERING SHORE PLACE  
1.4 CITY-ST-ZIP TAMPA, FL 33624

TITLE VPSD ☐ DELETE  
NAME KARIO, LISA L  
STREET ADDRESS 11504 SHIMMERING SHORE PLACE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE VPSD ☒ Change ☐ Addition  
2.2 NAME VIK, H. KARIO  
2.3 STREET ADDRESS 11504 Shimmering Shore Place  
2.4 CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vik Kario* VIK KARIO, Vice President 3/31/98 813-2645967

CR2E034 (10/97)