

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90031 014 ***150.00

DOCUMENT # P94000088939			
1. Entity Name PRINTED CIRCUITS, INC.			
Principal Place of Business 11 TYCO DRIVE STAFFORD SPRINGS CT 06075-0145 US		Mailing Address PO BOX 3038 BOCA RATON FL 33431-0835 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0539991			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	GARDNER, STEVEN		
STREET ADDRESS	11 TYCO DRIVE		
CITY-ST-ZIP	STAFFORD SPRINGS CT 06075-0145		
TITLE	VAT	<input type="checkbox"/> Delete	
NAME	STEVENSON, SCOTT		
STREET ADDRESS	ONE TOWN CENTER RD		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	SEC.	<input type="checkbox"/> Delete	
NAME	MOROZE, M. BRIAN		
STREET ADDRESS	34 PINE STREET		
CITY-ST-ZIP	EXETER FL 03833		
TITLE	T	<input type="checkbox"/> Delete	
NAME	ROBINSON, MICHAEL A		
STREET ADDRESS	ONE TOWN CENTER ROAD		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	V	<input type="checkbox"/> Delete	
NAME	MATTFOLK, JEFFREY D		
STREET ADDRESS	ONE TOWN CENTER ROAD		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	V	<input type="checkbox"/> Delete	
NAME	BELNICK, MARK		
STREET ADDRESS	712 5TH AVE 48TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10019		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Director/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	9 West 57th St, 43rd Floor		
CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

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 another like empowered.

SIGNATURE: *[Signature]* **Scott Stevenson VP/Asst. Treas.** **4/24/01** **(561) 988 0376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)