

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90182 036 \*\*\*150.00

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**DOCUMENT # P94000088939**

1. Entity Name  
**PRINTED CIRCUITS, INC.**



Principal Place of Business  
**11 TYCO DRIVE  
STAFFORD SPRINGS CT 06075-0145  
US**

Mailing Address  
**P.O. BOX 3038  
BOCA RATON FL 33331-0938  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0539991**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARDNER, STEVEN 11 TYCO DRIVE STAFFORD SPRINGS CT 06075-0145</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT STEVENSON, SCOTT ONE TOWN CENTER RD BOCA RATON FL 33486</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MOROZE, M.BRIAN 34 PINE STREET EXETER FL 03833</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MATTFOLK, JEFFREY D ONE TOWN CENTER ROAD BOCA RATON FL 33486</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BELNICK, MARK 9 WEST 57TH ST 43RD FLOOR NEW YORK NY 10019</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT John E. Evard, Jr. One Town Center Road Boca Raton, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brian Moroze 273 Corporate Dr. Suite 100 Portsmouth, NH 03801-6807</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Timothy E. Flanigan 9 West 57th St, 43rd Fl New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David E. FitzPatrick 9 West 57th St, 43rd Fl New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Martina Hund-Mejean 9 West 57th St, 43rd Fl New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D.

**John E. Evard, Jr.**

Vice President/ Asst. Treasurer

**4/30/03 (561) 988-7823**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90135615

(Untitled)

p94000088939

Position Type	Name	Title
Director	Moroze, M. Brian	Director
Officer	Valente, Lucia M.	Assistant Secretary
Officer	Timashenka, Paul	President
Director	Timashenka, Paul	Director
Officer	Suminski, Richard James	Vice President
Officer	Suminski, Richard James	Assistant Secretary
Officer	Stevenson, Scott	Vice President
Officer	Stevenson, Scott	Assistant Treasurer
Officer	Evard, Jr., John E.	Vice President
Officer	Evard, Jr., John E.	Assistant Treasurer
Officer	Abromelt, Richard H.	Treasurer
Officer	Moroze, M. Brian	Secretary
Officer	Mitchell, John	Vice President
Officer	Heisse, Jacqueline Jean	Vice President
Officer	Foley, Mark D.	Vice President
Officer	Flanigan, Timothy E.	Vice President
Director	Flanigan, Timothy E.	Director
Officer	FitzPatrick, David J	Vice President
Officer	Curtin, Terrence	Vice President - Finance
Officer	Courson, Gardner G.	Vice President
Officer	Bryant, Janine M.	Assistant Secretary