

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046373

1. Entity Name

CRYSTAL PHOTONICS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90166 029 \*\*\*163.75

Principal Place of Business

2729 N. FINANCIAL CT.  
SANFORD FL 32773

Mailing Address

CRYSTAL PHOFONIES, INC.  
2729 N. FINANCIAL CT.  
SANFORD FL 32773-8117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3325347

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLETTA, JAMES G  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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.

SIGNATURE

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

(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)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | CHAI, BRUCE H T.      |                                 |
| STREET ADDRESS | 2615 WESTMINSTER TERR |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| 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 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    |  |                                                                   |

Please see attachment

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.

SIGNATURE:

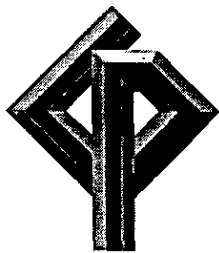
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 26, 2000 (407) 328-9111 X15

CR2E034 (9/99)



## Crystal Photonics, Inc.

# 09500316373

attach.  
C0090443

### Board of Directors

|                                                                                                   |          |
|---------------------------------------------------------------------------------------------------|----------|
| P/D<br>CHAI, BRUCE H. T.<br>2615 WESTMINSTER TERRACE<br>OVIEDO, FL 32765                          | Change   |
| D<br>HUSEMAN, RICHARD<br>670 WEST PALM VALLEY DR.<br>OVIEDO, FL 32765                             | Addition |
| D<br>KRUPKE, WILLIAM F.<br>1564 FOOTHILL RD.<br>PLEASANTON, CA 94588                              | Addition |
| D<br>LAY, JEAN F.<br>38 LEMON COURT<br>HILLSBOROUGH, CA 94010                                     | Addition |
| D<br>SCHWARTZ, WILLIAM C.<br>3404 N. ORANGE BLOSSOM TRAIL<br>ORLANDO, FL 32804                    | Addition |
| D<br>CHEN, STEVE<br>8F, NO. 161, LANE 89, KWANG-FU ROAD, SEC. 1<br>HSINCHU CITY, TAIWAN R.O.C.    | Addition |
| D<br>JENKS, IAN<br>THE GRANGE, 58 HIGH STREET,<br>FLORE, NORTHAMPTONSHIRE NN7 4LW, UNITED KINGDOM | Addition |