2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000003022 1. Entity Name BROWNELL AUTOMATICS, INC. Principal Place of Business Mailing Address CR 55A AMBROSE LANE P.O BOX 1707 OLD TOWN FL 32680 OLD TOWN FL 32680 US 2. Principal Place of Business CR 55H Ami

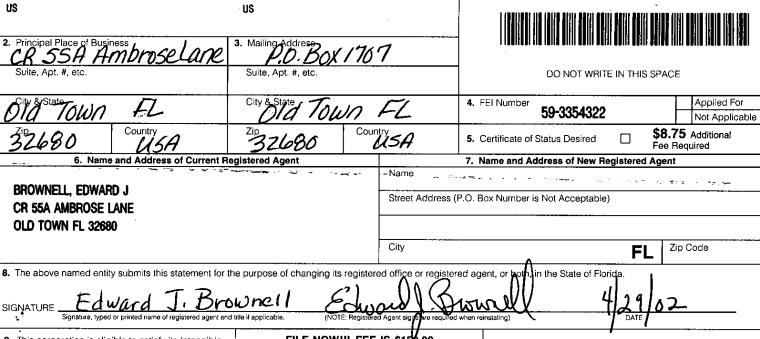
6. Name and Address of Current Registered Agent

BROWNELL, EDWARD J

CR 55A AMBROSE LANE OLD TOWN FL 32680

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90108 036 ***150.00



Tax filing requirement and elects to do so. After May 1, 200		FEE IS \$150.00 Fee will be \$550.00 to Department of State	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be to Fees		
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brownell, Edward J PO Box 1707 Old Town Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWNELL, SUSAN E HWY 55A OLD TOWN FL 32680	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	8
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR