2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078310

1. Entity Name

CONNECT ELECTRONICS USA, INC.

Principal Place of Business	Mailing Address
9203 130TH AVENUE NORTH LARGO FL 33773	9203 130TH AVENUE NORTH LARGO FL 33773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
13787 BELCHER ROAD	13787 BELCHER RD	
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300	
City & State LARGO	City & State LARGO	4. FEI Number 59-3475163 — Applied For / Not Applicable
Zip 33771 Country USA	Zip 33771 Country USA	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
VAN VORIS, JOHN I 14TH FL., 501 E. KENNEDY BLVD. TAMPA FL 33602	Name LUCIUS M DYAL JR Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD, 14TH FLOOR City TAMPA FL Zip Code 33602

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 *Lucius M. Dyal Jr.* Lucius M. Dyal Jr.   3/19/01

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, 2001 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

		Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		Change	Addition
TITLE	PD	☐	TITLE					☐	☐
NAME	CARTY, SEAN M		NAME						
STREET ADDRESS	4 GLENARM SQUARE		STREET ADDRESS						
CITY-ST-ZIP	DRUMCONDRA, DUBLIN 9 IRELAND		CITY-ST-ZIP						
TITLE	VSTD	☐	TITLE					☐	☐
NAME	MACDOUGALD, TIMOTHY H		NAME						
STREET ADDRESS	53 KINCORA GROVE		STREET ADDRESS						
CITY-ST-ZIP	CLONTARF, DUBLIN 3, IRELAND		CITY-ST-ZIP						
TITLE		☐	TITLE					☐	☐
NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZIP						
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NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

CR2E034 (10/00)

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: _____ SEAN CARTY _____

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