PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

,	1999		DIVISION OF CO	RPORA	ΑTK	ONS		02-22-199	9 9013′	7 029 ***	150.00	
j i. Corporation			0047									
ACCELE	tronics venture	S, INC					-					
Principal Place	e of Business	Ma	iling Address									
400 GORDON D	DRIVE #602		GORDON DRIVE #602				1		•			
EXTON PA 193	41	ĐŒ	ON PA 19341					DO NOT WRITE	IN THIS	SPACE		
							3. Date incorpora					1
							05/01/1998					ĺ
2. Principal P	lace of Business	2a.	Mailing Address			······································	4. FEI Number			App	olied For	ĺ
21		26	_				23-2	964118			Applicable	
Suite, Apl.	#, etc	- <del></del>	Suite, Apt. #, etc				5. Certificate of St	atus Desired		<b>\$8.7.5</b> :A		
22		27								Fee Re		ļ
City & Stat	9	<u></u>	City & State				8. Election Camp			\$5.00 · Added to		ĺ
23		28	7in	Cour	ito.		8. This corporation		t vone Into		7 663	ĺ
Zip	Country		Zip Country			8. This corporation		it yeer into	∏ Yes	□No .	ĺ	
24	9, Name and Address	of Current Regist		1	_		10. Name and Ad		gistered /	\gent		Г
					81	Name			٠.			
	poration service c	OMPANY		-	B2	Stroot Addr	ess (P.O. Box Numbe	r is Not Acceptable	a)			
	HAYS STREET					3// 64/ 7400						
TALLAHASSEE FL 32301-2525				1	83							
					84	City				85 Zip C	ebo	ĺ
				- 1	- 1	•			<u>FL</u>	1 1		
11. Pursuant	to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 607.0502 and 60	7.1508, Florida Statutes	, the ab	ove by t	named corp	oration submits this st on's board of directors	tatement for the pr i, I hereby accept	urpose of d the appoin	changing its i Irment as reg	registered istered	
agent la	m familiar with, and accept	the obligations of,	Section 607.0505, Florid	a Statu	tes.						Ì	
SIGNATURE							d when reinstating)	_	DATE		<del></del>	i
12.	Signature, typed or printed name of OFF	ICERS AND DIREC	··	13.	vyeni	I PIĞUBIĞI BARRA	ADDITIONS/CH	ANGES TO OFFI		DIRECTO	RS IN 12	(11/98)
πιε	DP	TOLING THE CONTRACT	☐ OELETE	1.1 1171	£				•	Change	Addition	Ε
NAME	VEITH, DAVID			1 2 NA	Æ							용
STREET ADDRESS	400 GORDON DRIVE	#602		1.3 STRE		ADDRESS						R2E034
CITY-ST-ZIP	EXTON PA 19341			1.4 CIT	Y- ST	-ZIP						×
MLE	VP.		☐ DELETE	2.1 TTR	.E					Change	Addition	~
NAME	RICHARD KE	uy	_	2.2 NA								ĺ
STREET ADDRESS			4		ADDRESS	وطيدو وأراد فلياران			•	ĺ		
CITY-ST-ZIP			2, 4 CIT		T-ZIP				Change	Addition		
IIILE			☐ DELETE	3.1 TIT		,				ال دارسان	<u></u>	İ
NAME	LINDA VEITH	J. DRIVE	SUITE 602	3.2 NA		ADODECE	·					İ
STREET ADORESS	EXTON PA			3.4. CIT		ADDRESS						
CITY-ST-ZIP	EXION, PF	737/	DELETE	41 TIL		1.UF				Change	☐ Addition	ĺ
NAME				4.2 NA				<del></del>	<del></del>			
STREET ADDRESS	i.					ADORESS						
City-St-ZIP				4.4 CTD	r-\$t-	-ZIP	_					
TITLE			☐ DELETE	5.1 TITL						Change	Addition	1
NAME				5.2 NAA	Æ							
STREET ADDRESS						ADORESS					]	
CFTY-ST-ZIP				5.4 CIT		- ZP				Channa	( Aphilisian	 
TITLE			☐ DELETE	5.1 TTL			•			Change	☐ Addition	ı
MARKE				82 NAA	AE.	- 1						

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

SI	G	N	A1	ΓU	R	E	:
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STREET ADDRESS

	RECURED
SIGNATURE AND TYPED OR PRINTED NAME OF SH	GNING OFFICER OR DIRECTOR

FILED Feb 22, 1999 8:00 am Secretary of State