

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040047

1. Entity Name
ACCELETRONICS SOUTH, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90091 005 ***150.00

Principal Place of Business
400 GORDON DRIVE #602
EXTON PA 19341

Mailing Address
400 GORDON DRIVE #602
EXTON PA 19341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2964118

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

TITLE D
NAME VEITH, DAVID
STREET ADDRESS 400 GORDON DRIVE #602
CITY-ST-ZIP EXTON PA 19341

TITLE P
NAME Schwarz, Steve
STREET ADDRESS 400 Gordon Drive #602
CITY-ST-ZIP Exton, PA 19341

TITLE VP
NAME KELLY, RICHARD
STREET ADDRESS 19737 EXECUTIVE PARK CIRCLE
CITY-ST-ZIP GERMANTOWN MD 20674

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME VEITH, LINDA
STREET ADDRESS 400 GORDON DR #602
CITY-ST-ZIP EXTON PA 19341

TITLE ST
NAME O'Mara, Coleen
STREET ADDRESS 400 GORDON DR. #602
CITY-ST-ZIP Exton, PA 19341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME O'Mara, Coleen
STREET ADDRESS 400 Gordon Drive, Ste 602
CITY-ST-ZIP Exton, PA 19341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (10/00)