## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000049726

Entity Name: NORTEK REPAIR CENTER, INC.

FILED Apr 01, 2003 Secretary of State

2665 S BAYSHORE DRIVE, STE. 800			New Princ	cipal Place of Business:		
Current Mailing Address:  2665 S BAYSHORE DRIVE, STE. 800 MIAMI, FL 33133			New Mailii	New Mailing Address:		
FEI Number: 65-0969884 FEI Number Applied For ( ) FEI Number			El Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CALLEJAS, MARIA C 2665 S BAYSHORE DRIVE, STE. 800 MIAMI, FL 33133 US			2665 S BAY	GERSHMAN, DAVID 2665 S BAYSHORE DRIVE, STE. 800 MIAMI, FL 33133 US		
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: DAVID GERSHMAN				04/01/2003		
	Electroni	c Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	KUFFNER, MARI	RE DRIVE., 8TH FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MCDOWELL, DE	RE DRIVE, STE. 800	Title: Name: Address: City-St-Zip:	PV (X) Change ( ) Addition MCDOWELL, DEREK A 2665 S BAYSHORE DRIVE, STE. 800 MIAMI, FL 33133		
Title: Name: Address: City-St-Zip:	T () I MARTIN, JAMES 7600 NW 26 STF MIAMI, FL 3312	REET	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition MARTIN, JAMES 5300 NW 36 STREET MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	NEITZEL, JULIÉ	Delete YSHORE DRIVE STE 800 3	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition HENDERSON, STEPHEN 5300 NW 36 STREET MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition WALSH, PRESTON ONE PNC PLAZA, 249 5TH AVE 8TH FLR PITTSBURGH, PA 15222		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition GRISIUS, MICHAEL 1919 PENNSYLVANIA AVE NW WASHINGTON, DC 20006		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER S 04/01/2003