

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V66513**

1. Entity Name

**FYNE-WIRE SPECIALTIES, INC.****FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90235 007 \*\*\*150.00

Principal Place of Business	Mailing Address
19633 CHURCH RD. BRANDY STATION VA 22714 US	PO BOX 151 BRANDY STATION VA 22714-0151 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3147836	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****EGERTON, CHARLES**  
**800 N. MAGNOLIA AVE**  
**STE. 1500**  
**ORLANDO FL 32803**

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ASTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDELL, THOMAS E.	NAME	
STREET ADDRESS	TURK HILL RD.	STREET ADDRESS	19 TURK HILL RD.
CITY-ST-ZIP	BREWSTER NY	CITY-ST-ZIP	BREWSTER, NY. 10509
TITLE	DPC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDELL, GREGORY T	NAME	
STREET ADDRESS	HC-72 BOX 256 N/A	STREET ADDRESS	11212 FAUN LAKE PARKWAY
CITY-ST-ZIP	LOCUST GROVE VA	CITY-ST-ZIP	SPOTSYLVANIA, VA. 22553
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDELL, ELIZABETH A	NAME	
STREET ADDRESS	HC- 72 BOX 256 N/A	STREET ADDRESS	11212 FAUN LAKE PARKWAY
CITY-ST-ZIP	LOCUST GROVE VA	CITY-ST-ZIP	SPOTSYLVANIA, VA 22553
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	<i>Gregory T. Nedell</i>	GREGORY T. NEDELL	1/4/00	540-825-2701
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	

CR2E034 (9/99)