

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 047 ***150.00

DOCUMENT # F97000002827

1. Entity Name

OPTRONICS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**21 ALPHA RD
 CHELMSFORD MA 01824**

**21 ALPHA RD
 CHELMSFORD MA 01824-4124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3353518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

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, 2000 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: **PCD** Delete
 NAME: **FONG, TONY D.**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **V** Delete
 NAME: **SCULLIN, TIMOTHY**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: **VICE PRESIDENT** Change Addition
 NAME: **J. BRETT LEFEBURE**
 STREET ADDRESS: **21 ALPHA RD.**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: **STD** Delete
 NAME: **WONG HUEY, YOLANDA M**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **WILHOITE, JOHN W**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **MAH, ROBERT K**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSFORD MA 01824**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **P** Delete
 NAME: **CHRUSCIEL, EDWARD**
 STREET ADDRESS: **21 ALPHA RD**
 CITY-ST-ZIP: **CHELMSRORD MA 01824**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 978-250-5422
 Date Daytime Phone #