## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 12, 2002 8:00 am § F98000000581 DOCUMENT # **Secretary of State** 1. Entity Name FITCH ELECTRONICS, INC. 03-12-2002 91010 005 \*\*\*150.00 Principal Place of Business Mailing Address 1134 RIDGE ROAD 2251 POTTSTOWN PIKE POTTSTOWN PA 19465 POTTSTOWN PA 19465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1665618 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVE. TALLAHASSEE FL 32303 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change CR2E034 (9/01) TITLE ☐ Addition ☐ Delete FITCH, WILLIAM F JR NAME NAME 89 Freigh Lane Rd. STREET ADDRESS 261-W. URNER ST. STREET ADDRESS POTTSTOWN PA 19465 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [Schange TITLE ☐ Addition FITCH, NANCY A NAME NAME 89 Freigh Lane Rd. STREET ADDRESS 261-W. URNER ST. STREET ADDRESS POTTSTOWN PA 19465 CITY-ST-ZIP CITY-ST-ZIP TITLE - پې --- س. TITLE. □ Change ☐ Addition - - □ Delete - --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ 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 regiver 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 attachynept with an address with all of the like gmpowered.