

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

• PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 465846 (4)**

1. Corporation Name

**RADIATION SYSTEMS ELECTROMECHANICAL SYSTEMS, INC  
CORPORATED**



Principal Place of Business

Mailing Address

**6200 118TH AVE., NORTH  
LARGO FL 34643-3726  
US**

**6200 118TH AVE NORTH  
LARGO FL 34643-3726**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1974</b>	3a. Date of Last Report <b>03/16/1995</b>
21. State, Apt. #, etc.	22. City & State	25. State, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1574736</b>	Applied For Not Applicable
23. Zip	Country	29. Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24. g. Name and Address of Current Registered Agent	25. Country	29. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Print name of officer or director of the corporation or the registered agent and the title, if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CED</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, RICHARD E. (D)</b>	1.2 NAME	
STREET ADDRESS	<b>8207 LIGHT HORSE COURT</b>	1.3 STREET ADDRESS	
CITY, STATE, ZIP	<b>ANNANDALE VA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANNAN, KENNETH A.</b>	2.2 NAME	
STREET ADDRESS	<b>1009 LAKE RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY, STATE, ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUNSTON, MARK (ASST S.)</b>	3.2 NAME	
STREET ADDRESS	<b>321 CHARLES STREET</b>	3.3 STREET ADDRESS	
CITY, STATE, ZIP	<b>ROCKVILLE MD</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOMAS, R. DOSS</b>	4.2 NAME	
STREET ADDRESS	<b>114 JAMESTOWN RD.</b>	4.3 STREET ADDRESS	
CITY, STATE, ZIP	<b>FRONT ROYAL VA</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, STATE, ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, STATE, ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth A. Grannan* **2-13-96 (813) 541-6681**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (12/95)