

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 1:57

DOCUMENT # **857154 (9)**

1. Corporation Name

**TELXON CORPORATION**

Principal Place of Business

**3330 WEST MARKET STREET  
AKRON OH 44333**

Mailing Address

**3330 WEST MARKET STREET  
AKRON OH 44333**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/19/1983**

3a. Date of Last Report

**03/03/1994**

4. FEI Number

**74-1666060**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. FINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CO</b>
NAME	<b>MEYERSON, ROBERT F.(CHMN)</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>
TITLE	<b>P</b>
NAME	<b>WIPFF, DAN R. - WILLIAM MURPHY</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>
TITLE	<b>T</b>
NAME	<b>GRAP, FRED L. - KENNETH N. HAVER</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>
TITLE	<b>V6 CFO</b>
NAME	<b>WYGO, MIKE - DAVID SWANK</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>
TITLE	<b>C</b>
NAME	<b>GABRILL, GERALD J.</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>
TITLE	<b>S</b>
NAME	<b>GOODMAN, ROBERT A.</b>
STREET ADDRESS	<b>3330 W. MARKET STREET</b>
CITY - ST - ZIP	<b>AKRON OH</b>

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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 110.07(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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attached card with an address.

SIGNATURE:

*Kenneth N. Haver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Kenneth N. Haver**  
Treasurer

(24) 867-3700