

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 18 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| *PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

| | | | | | |
|--------------------------------|----|---------------------|----|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/19/1983 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 74-1666060 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | 24 | 28 | 29 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Country | | Zip | |
| 25 | 30 | | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRICK, FRANK E | 1.2 NAME | |
| STREET ADDRESS | 3330 W MARKET ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AKRON OH | 1.4 CITY-ST-ZIP | |
| TITLE | TCFO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYER, KENNETH N | 2.2 NAME | |
| STREET ADDRESS | 3330 W. MARKET STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AKRON OH | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPTON, RUSSELL | 3.2 NAME | |
| STREET ADDRESS | 3330 W MARKET STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AKRON OH | 3.4 CITY-ST-ZIP | |
| TITLE | C | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAND, GARY L | 4.2 NAME | |
| STREET ADDRESS | 3330 MARKET ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | AKRON OH | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, ROBERT A. | 5.2 NAME | |
| STREET ADDRESS | 3330 W. MARKET STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | AKRON OH | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Russell D. Compton* **RUSSELL D. COMPTON** 4/21/98 330-664-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0601051

CR2E034 (10/97)