


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

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857154

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
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BRICK, FRANK E
STREET ADDRESS	3330 W MARKET ST
CITY-ST-ZIP	AKRON OH
TITLE	TCFO <input checked="" type="checkbox"/> DELETE
NAME	HAYER, KENNETH N
STREET ADDRESS	3330 W. MARKET STREET
CITY-ST-ZIP	AKRON OH
TITLE	D <input type="checkbox"/> DELETE
NAME	COMPTON, RUSSELL
STREET ADDRESS	3330 W MARKET STREET
CITY-ST-ZIP	AKRON OH
TITLE	C <input type="checkbox"/> DELETE
NAME	GRAND, GARY L
STREET ADDRESS	3330 MARKET ST
CITY-ST-ZIP	AKRON OH
TITLE	S <input type="checkbox"/> DELETE
NAME	GOODMAN, ROBERT A.
STREET ADDRESS	3330 W. MARKET STREET
CITY-ST-ZIP	AKRON OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN W. PAXTON
1.3 STREET ADDRESS	3330 W. MARKET STREET
1.4 CITY-ST-ZIP	AKRON, OH 44333
2.1 TITLE	V.P. - FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERALD J. GABRIEL
2.3 STREET ADDRESS	3330 W. MARKET STREET
2.4 CITY-ST-ZIP	AKRON, OH 44333
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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, with all other like empowered.

SIGNATURE: Russell D. Compton **RUSSELL D. COMPTON** 4/30/99 330-664-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)