

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 020 ***550.00

DOCUMENT # 857154

1. Entity Name
TELXON CORPORATION

(UBR)

Principal Place of Business
**3330 WEST MARKET STREET
 AKRON OH 44333**

Mailing Address
**8302 NEW TRAILS DRIVE
 THE WOODLANDS TX 77381**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
One Symbol Plaza

3. Mailing Address
One Symbol Plaza

City & State
Holttsville, NY

City & State
Holttsville, NY

Zip
11742-1300

Country
USA

4. FEI Number **74-1666060**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PAXTON, JOHN W 3330 W MARKET ST AKRON OH 44333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFF GABRIEL, GERALD J 3330 W. MARKET STREET AKRON OH 44333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, RUSSELL 3330 W-MARKET-STREET AKRON OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAND, GARY L 3330 MARKET ST AKRON OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, ROBERT A. 3330 W. MARKET STREET AKRON OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFO LAWRENCE, WILLIAM 8302 NEW TRAILS DRIVE THE WOODLANDS TX 77381 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Razmilovic, TOMO One Symbol Plaza Holttsville, NY 11742-1300 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Degennaro, Michael One Symbol Plaza Holttsville, NY 11742-1300 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / VP / General Council Goldner, Leonard One Symbol Plaza Holttsville, NY 11742-1300 Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP / COO Burke, Brian One Symbol Plaza Holttsville, NY 11742-1300 Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / Treasurer Schmidel, Cary G. One Symbol Plaza Holttsville NY 11742-1300 Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Law / Asst. Secretary Siegel, Walter One symbol Plaza Holttsville, NY 11742-1300 Change <input type="checkbox"/> Addition

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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: James P. King James P. King 2/27/01 631-738-4739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X S D Gil

CR2E034 (10/00)