2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002353

1. Entity Name
TROXLER ELECTRONIC LABORATORIES, INC.

Principal Place of Business	Mailing Address
3008 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	PO BOX 12057 RESEARCH TRIANGLE PARK, NC 27709

DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-0753744

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUEZ, SIGFREDO
2376 FORSYTH ROAD
ORLANDO, FL 32807

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROXLER, WILLIAM F JR.
STREET ADDRESS	3422 LANDOR ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	TS
NAME	BOYLAN, JAMES H JR.
STREET ADDRESS	1618 MEDFIELD ROAD
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	V
NAME	MENTZ, JOSEPH
STREET ADDRESS	714 WOODWAY BLUFF
CITY-ST-ZIP	CARY, NC 27513
TITLE	D
NAME	TROXLER, ROBBIE
STREET ADDRESS	1609 CANTEBURY ROAD
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	D
NAME	BABCOCK, SUZANNE T
STREET ADDRESS	2319 BEECHRIDGE ROAD
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	D
NAME	JOHNSON, EARLE JR.
STREET ADDRESS	1001 MARLOWE RD.
CITY-ST-ZIP	RALEIGH, NC 27608

[illegible]
04/25/06-80018-014 150.0

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Thomas J. Sekel 4-7-2006 919-485-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #