2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# F01000002353

Entity Name: TROXLER ELECTRONIC LABORATORIES, INC.

Current Principal Place of Business:

3008 CORNWALLIS ROAD
RESEARCH TRIANGLE PARK, NC 27709

New Principal Place of Business:

Current Mailing Address:

PO BOX 12057
RESEARCH TRIANGLE PARK, NC 27709

New Mailing Address:

FEI Number: 56-0753744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUEZ, SIGFREDO
2376 FORSYTH ROAD
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TROXLER, WILLIAM F JR.
Address: 3422 LANDOR ROAD
City-St-Zip: RALEIGH, NC 27609

Title: TS ( ) Delete
Name: BOYLAN, JAMES H JR.
Address: 1618 MEDFIELD ROAD
City-St-Zip: RALEIGH, NC 27607

Title: CFO ( ) Delete
Name: SEKEL, THOMAS
Address: 201 CALM WINDS COURT
City-St-Zip: CARY, NC 27513

Title: D ( ) Delete
Name: TROXLER, ROBBIE
Address: 1609 CANTEBURY ROAD
City-St-Zip: RALEIGH, NC 27608

Title: D ( ) Delete
Name: BABCOCK, SUZANNE T
Address: 2319 BEECHRIDGE ROAD
City-St-Zip: RALEIGH, NC 27608

Title: D ( ) Delete
Name: JOHNSON, EARLE JR.
Address: 1001 MARLOWE RD.
City-St-Zip: RALEIGH, NC 27608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: POOLE, GREGORY III
Address: 4807 BERYL ROAD
City-St-Zip: RALEIGH, NC 27606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD O. KNIGHT, ACCOUNTING SUPERVISOR AS 03/17/2009
Electronic Signature of Signing Officer or Director Date