2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: POOLE, GREGORY III
Address: 4807 BERYL ROAD
City-St-Zip: RALEIGH, NC 27606

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLARD O. KNIGHT ACCT 01/05/2012

Electronic Signature of Signing Officer or Director Date