

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004336 (4)

1. Corporation Name

HARRIS ELECTRONIC DESIGN AUTOMATION, INC.



Principal Place of Business

7796 VICTOR MEADON RD.
FISHERS NY 14453

Mailing Address

7796 VICTOR MEADON RD.
FISHERS NY 14453

2. Principal Place of Business

21 7796 Victor-Mendon Rd

Suite, Apt. #, etc.

22

City & State

23 Fishers, NY

24 Zip 14453

Country

25 USA

2a. Mailing Address

26 7796 Victor-Mendon Rd

Suite, Apt. #, etc.

27

City & State

28 Fishers, NY

29 Zip 14453

Country

30 USA

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

16-1444793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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 607.0532 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, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME MAZZULLO, ANTHONY C
STREET ADDRESS 7796 VICTOR-MENDON RD
CITY-ST-ZIP FISHERS NY

TITLE V ☐ DELETE

NAME JOHNSON, VESS
STREET ADDRESS 7796 VICTOR-MENDON RD
CITY-ST-ZIP FISHERS NY

TITLE D ☐ DELETE

NAME GABOR, GARAI
STREET ADDRESS 75 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE D ☐ DELETE

NAME ROUB, BRYAN
STREET ADDRESS 1025 W. NASA BLVD.
CITY-ST-ZIP MELBOURNE FL

TITLE V ☐ DELETE

NAME COHEN, ARNOLD
STREET ADDRESS 7796 VICTOR MEADON RD.
CITY-ST-ZIP FISHERS NY

TITLE V ☐ DELETE

NAME KAVANAGH, GEORGE
STREET ADDRESS 7796 VICTOR MEANDON RD.
CITY-ST-ZIP FISHERS NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P ☐ Change ☒ Addition

1.2 NAME Laurence S. Liebson
1.3 STREET ADDRESS 7796 Victor-Mendon Rd.
1.4 CITY-ST-ZIP Fishers, NY 14453

2.1 TITLE V/T/S ☐ Change ☒ Addition

2.2 NAME Thomas P. Beckley
2.3 STREET ADDRESS 7796 Victor-Mendon Rd.
2.4 CITY-ST-ZIP Fishers, NY 14453

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Laurence S. Liebson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

616-924-9303

CR2E034 (12/95)