FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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02-24-1999 90145 014 **150.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000000240**

1. Corporation Name
RELM WIRELESS CORPORATION

Principal Place of Business	Mailing Address
7505 TECHNOLOGY DRIVE WEST MELBOURNE FL 32904	7505 TECHNOLOGY DRIVE WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified
01/14/1998

4. FEI Number
APPLIED FOR Ø4-2225121 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAIRD, RICHARD K		1.2 NAME		
STREET ADDRESS	7505 TECHNOLOGY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		1.4 CITY-ST-ZIP		
TITLE	CFOT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, WILLIAM P		2.2 NAME		
STREET ADDRESS	7505 TECHNOLOGY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOEBERT, DONALD F		3.2 NAME		
STREET ADDRESS	342 WILLOWBROOK LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTCHESTER PA 19382		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, BUCK		4.2 NAME		
STREET ADDRESS	408 MCCLENAGHAN MILL ROAD		4.3 STREET ADDRESS	02-24-99 90145 014 $150.00	
CITY-ST-ZIP	WYNNEWOOD PA 19087		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, ROBERT L		5.2 NAME		
STREET ADDRESS	441 IVEN AVENUE		5.3 STREET ADDRESS	AM 3/19	
CITY-ST-ZIP	WAYNE PA 19087		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITNEY, RALPH R JR		6.2 NAME		
STREET ADDRESS	3441 HIGHWAY 34		6.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATLAND WY 82201		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/15/99 407-984-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)