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

Block 12 or Block 13 if changed, or on

SIGNATURE:

PROFIT Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J41506 (3)INTELLON CORPORATION Principal Place of Business Mailing Address 5100 W SILVER SPRINGS BLVD 5100 W SILVER SPRINGS BLVD OCALA FL 34482 OCALA FL 34482 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2744155 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAVIS, CAROLINE T 81 Name 5100 SILVER SPRINGS BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34482** 83 City 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 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 DELETE 1.1 TOTLE Change ★ Addition NAME VANDER MEY, JAMES E. 1.2 NAME G. SANDFORT 9501 N.W. HWY, 326 STREET ADDRESS 5100 W SILVER SPRINGS BLUD 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DCALA, FI 34482 TITLE DELETE 2.1 TITLE ☐ Change Addition NAME DYKES, JAMES E 2.2 NAME 13365 NE 226TH AVE RD STREET ADDRESS 2.3 STREET ADDRESS SALT SPRINGS FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition EARNSHAW, WILLIAM NAME 3.2 NAME 2355 52ND TERRACE STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition **BUFFKIN, ERIC** NAME 4. 2 NAME 1745 DORMONT LANE STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quaindicated on this annual report or supplement annual report is true an officer or director of the corporation or the project or trustee empowers. the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

04/08/98

FILED