

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 160269

1. Corporation Name

Electro-Systems Corporation

Principal Place of Business

Mailing Address

c/o William Lavery
113 Sharton Drive
Augusta, Georgia

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

c/o Muzak LLC

Suite, Apt. #, etc.

2901 Third Ave., Suite 400

City & State

Seattle, WA

Zip

98121

Country

U.S.A.

3. New Mailing Office Address, If Applicable

c/o Muzak LLC

Suite, Apt. #, etc.

2901 Third Ave., Suite 400

City & State

Seattle, WA

Zip

98121

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

January 20, 1950

5. FEI Number

57-0860735

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED
			000003060410--2

8. Name and Address of Current Registered Agent

William Lavery
4508 Magnolia Beach Road
PO Box 27700
Panama City, Florida 32411

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date December 1, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

KE

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Royce Yudkoff - Vice President

11/24/99
Date

617-859-2959
Daytime Phone #

CR2E040 (1/98)

ELECTRO-SYSTEMS CORPORATION

Officers and Directors

DIRECTORS		
Name		Address
Royce Yudkoff		c/o ABRY Partners, Inc. 18 Newbury Street Boston, MA 02116
OFFICERS		
Name	Title	Address
William Boyd	President and Chief Executive Officer	c/o Muzak LLC 2901 Third Avenue Suite 400 Seattle, WA 98121
Peni Garber	Vice President and Secretary	c/o ABRY Partners, Inc. 18 Newbury Street Boston, MA 02116
Royce Yudkoff	Vice President	c/o ABRY Partners, Inc. 18 Newbury Street Boston, MA 02116
Robert MacInnis	Vice President	c/o ABRY Partners, Inc. 18 Newbury Street Boston, MA 02116
Charles A. Salderini	Chief Operating Officer	c/o Muzak LLC 2901 Third Avenue Suite 400 Seattle, WA 98121
Brad A. Bodenman	Chief Financial Officer	c/o Muzak LLC 2901 Third Avenue Suite 400 Seattle, WA 98121



ACCOUNT NO. : 072100000032

REFERENCE : 498987 4338256

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Pjunt

ORDER DATE : December 1, 1999

ORDER TIME : 11:05 AM

ORDER NO. : 498987-005

CUSTOMER NO: 4338256

CUSTOMER: Mr. Thomas J. Moratti
Kirkland & Ellis
153 East 53rd Street
39th Floor
New York, NY 10022

DOMESTIC FILINGS

NAME: ELECTRO-SYSTEMS CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
99 DEC -3 PM 12:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3