

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55930

Entity Name: SMITHS INTERCONNECT MICROWAVE COMPONENTS, INC.**Current Principal Place of Business:**8851 SW OLD KANSAS AVE
STUART, FL 34997**Current Mailing Address:**8851 SW OLD KANSAS AVE
STUART, FL 34997 US**FEI Number:** 59-2311425**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT
Name DUPELL, BRIAN
Address 8851 SW OLD KANSAS AVE
City-State-Zip: STUART FL 34997

Title VICE PRESIDENT AND SECRETARY
Name ANGELO, JAY
Address 350 CONEJO RIDGE AVENUE
City-State-Zip: THOUSAND OAKS CA 91361

Title TREASURER
Name WOODRUFF, MARK T
Address 8851 SW OLD KANSAS AVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name HEITMANN, MARY
Address 350 CONEJO RIDGE AVENUE
City-State-Zip: THOUSAND OAKS CA 91361

Title DIRECTOR
Name HUMEN, ANDREW
Address 4726 EISENHOWER BLVD.
City-State-Zip: TAMPA FL 33634

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: MARK WOODRUFF**DIRECTOR OF FINANCE****04/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date