

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002353

Entity Name: TROXLER ELECTRONIC LABORATORIES, INC.**Current Principal Place of Business:**3008 CORNWALLIS ROAD
RESEARCH TRIANGLE PARK, NC 27709**Current Mailing Address:**PO BOX 12057
RESEARCH TRIANGLE PARK, NC 27709**FEI Number: 56-0753744****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARQUEZ, SIGFREDO
2376 FORSYTH ROAD
ORLANDO, FL 32807 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	PD
Name	TROXLER, WILLIAM FJR.
Address	3422 LANDOR ROAD
City-State-Zip:	RALEIGH NC 27609

Title	CONTROLLER
Name	KNIGHT, WILLARD
Address	3008 CORNWALLIS ROAD
City-State-Zip:	DURHAM NC 27709

Title	D
Name	POOLE, GREGORY III
Address	4807 BERYL ROAD
City-State-Zip:	RALEIGH NC 27606

Title	D
Name	TROXLER, ROBBIE
Address	1609 CANTEBURY ROAD
City-State-Zip:	RALEIGH NC 27608

Title	D
Name	BABCOCK, SUZANNE T
Address	2319 BEECHRIDGE ROAD
City-State-Zip:	RALEIGH NC 27608

Title	D
Name	JOHNSON, EARLE JR.
Address	1001 MARLOWE RD.
City-State-Zip:	RALEIGH NC 27608

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: WILLARD KNIGHT**CONTROLLER****02/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date