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December 7, 2000

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Florida Department of State Division of Corporations Attn: Change of Registered Agent P.O. Box 6327 Tallahassee, FL 32314

1000003496091--12/11/00---01155 \*\*\*\*105.00 \*\*\*\*\*35.00

Re: Sawtek Inc., Sawtek Far East, Inc. and Microsensor Systems, Inc. Statements of Change of Registered Office or Registered Agent

Dear Ladies and Gentlemen:

On behalf of the above referenced corporations, I am submitting separate Statements of Change of Registered Office or Registered Agent or Both. Also enclosed is a check in the amount of \$105.00 representing the \$35.00 filing fee due for each of the filings. Please return acknowledgement of the filing of these documents in the return envelope which I have enclosed.

Of course, if you have any questions with respect to these filings, please feel free to contact me.

Sincerely,

Carrie L. Ramos,

Paralegal

/clr

Enclosures

Cc: Ray Link (w/o enc.)

MELBOURNE

TALLAHASSEE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|                                                                                         | ed corporation organized under the la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·                                                                                                                    | ·                                                                                  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| the State of Flo                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | its registered office or reg                                                                                         | gistered agent, or both, in                                                        |
| 1. The name of                                                                          | f the corporation : Sawtek, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                |                                                                                    |
| 2. The mailing                                                                          | address of the corporation: P.O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Box 609501, Orlando,                                                                                                 | Florida 32860-9501                                                                 |
| 3. Date of inco                                                                         | orporation/qualification: 01/03/7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 Document num                                                                                                       | nber: 605429                                                                       |
| 4. The name ar                                                                          | nd address of the current registered ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ent and office:                                                                                                      |                                                                                    |
|                                                                                         | Steven P. Miller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | <u> </u>                                                                           |
|                                                                                         | 1818 S. Highway 441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                    |
|                                                                                         | Apopka, Florida 3270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 🗔                                                                                                                  |                                                                                    |
| 5. The name ar                                                                          | nd address of the new registered agent (P. O. Box No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (if changed) and/or registe t Acceptable)                                                                            | ered office (if changed)                                                           |
|                                                                                         | Raymond A. Link                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del> </del>                                                                                                         |                                                                                    |
|                                                                                         | 1818 S. Highway 441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | <b>—</b>                                                                           |
|                                                                                         | Apópka, FL 32703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | :<br>                                                                              |
| -                                                                                       | ess of its registered office and the str<br>ged, will be identical.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                    |                                                                                    |
| Such change wanthorized by t                                                            | as authorized by resolution duly ado<br>he board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | pted by its board of directe                                                                                         | ors or by an officer so                                                            |
| (Signature                                                                              | of an officer, chairman or vice chairman of the b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | poard)                                                                                                               | 11/3=106<br>(Date)                                                                 |
| Raymond A                                                                               | Link, Senior Vice President (Printed or typed name and title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                    |
| Having been n<br>corporation, I<br>I further agree<br>performance oj<br>registered ager | amed as registered agent and to acce<br>hereby accept the appointment as reg<br>to comply with the provisions of all s<br>f my duties, and I am familiar with an<br>nt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ept service of process for the street agent and agree the statutes relative to the property accept the obligation of | he above stated<br>o act in this capacity.<br>per and complete<br>f my position as |
| Ro                                                                                      | manda June                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | 11/30/00                                                                           |
| (S<br>If signing on beha                                                                | And | (Date)                                                                                                               |                                                                                    |
| Raymond A                                                                               | • Link                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Senior Vice Pr                                                                                                       | esident                                                                            |
| (                                                                                       | Typed or Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Capac                                                                                                               |                                                                                    |

\* \* \* FILING FEE: \$35.00 \* \* \*