2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # 809172 1. Entity Name 04-22-2002 90327 035 ***150.00 MOTOROLA COMMUNICATIONS AND ELECTRONICS, INC. Principal Place of Business Mailing Address 1303 E. ALGONQUIN ROAD 1303 E. ALGONQUIN ROAD SCHAUMBURG IL 60196 SCHAUMBURG IL 60196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2258 198 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MILNE, GARTH STREET ADDRESS STREET ADDRESS 1303 E. ALGONQUIN RD CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60196 ☐ Delete TITLE Channe ☐ Addition TITLE NAME CARL F. KOENEMANN NAME STREET ADDRESS STREET ADDRESS 1303 E. ALGONQUIN RD. CITY-ST-7IP CITY-ST-7IP SCHAUMBURG IL 60196 TITLE Delete TITLE Change Addition VΡ NAME NAME BAKER, JAMES STREET ADDRESS 1303 E. ALGONQUIN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60196 TITLE ☐ Defete TITLE Change ☐ Addition AS NAME NAME Dybala, Ray A. STREET ADDRESS 1303 E. ALGONQUIN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60196 ☐ Delete TITLE Change Addition NAME NAME LAWSON, PETER A STREET ADDRESS STREET ADDRESS 1303 E ALGONQUIN RD CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60196 TITLE ☐ Delete TITLE Change ☐ Addition NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SPENCER, WILLIAM

1303 E ALGONQUIN ROAD

SCHAUMBURG IL 60196

ONATODISEOURS ADDUBAIA PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 5 2002

Daytime Phone #

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