FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **814689** **(6)**

1. Corporation Name
TRAK MICROWAVE CORPORATION

Principal Place of Business	Mailing Address
4726 EISENHOWER BLVD. P O BOX 21247 TAMPA FL 33634	4726 EISENHOWER BLVD. P O BOX 21247 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/29/1960	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **81-4689392** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, type(s) or printed) Name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SLOAN, ROLLIN J	12 NAME	
STREET ADDRESS	4726 EISENHOWER BLVD	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	GRANT, WILLIAM 3.	22 NAME	GRANT, WILLIAM E.
STREET ADDRESS	4726 EISENHOWER BLVD	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GAMEL, WENDELL W	32 NAME	
STREET ADDRESS	10500 WEST OFFICE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	34 CITY ST ZIP	
TITLE	DAS	41 TITLE	☐ Change ☐ Addition
NAME	TIPPINS, RANKIN J	42 NAME	
STREET ADDRESS	10500 WEST OFFICE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77042	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, THOMAS L	52 NAME	
STREET ADDRESS	4726 EISENHOWER BLVD	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	BURRIS, OTIS D	62 NAME	
STREET ADDRESS	4726 EISENHOWER BLVD	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ William E. Grant, Jr. Treasurer 04/24/95 813-884-1411
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — OFFICER OR DIRECTOR — Date — Daytime Phone #

0901871 CP