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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 814689

(6)

1. Corporation Name

TRAK MICROWAVE CORPORATION

Principal Place of Business

4726 EISENHOWER BLVD.
P O BOX 21247
TAMPA FL 33634

Mailing Address

4726 EISENHOWER BLVD.
P O BOX 21247
TAMPA FL 33634-8309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1960

3a. Date of Last Report

05/09/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SLOAN, ROLLIN J	
STREET ADDRESS	4726 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	GRANT, WILLIAM E.	
STREET ADDRESS	4726 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	GAMEL, WENDELL W	
STREET ADDRESS	10500 WEST OFFICE DRIVE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	DAS	☐ DELETE
NAME	TIPPINS, RANKIN J	
STREET ADDRESS	10500 WEST OFFICE DRIVE	
CITY - ST - ZIP	HOUSTON TX 77042	
TITLE	V	☐ DELETE
NAME	ROBERTS, THOMAS L	
STREET ADDRESS	4726 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	P	☐ DELETE
NAME	BURRIS, OTIS D	
STREET ADDRESS	4726 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Will Sloan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Daytime Phone #

CR2E034 (9/96)