


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 814689 1. Entity Name TRAK MICROWAVE CORPORATION						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 SEP 12 PM 2:21</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4726 EISENHOWER BLVD. TAMPA, FL 33634				Mailing Address 4902 EISENHOWER BLVD. STE 155 TAMPA, FL 33634			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324			
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Connie Bryan</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY </div> <div style="width: 25%; text-align: right;"> <u>9/12/2005</u> <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DASV CAMPBELL, THOMAS J 660 MADISON AVE 14TH FL. NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/S BRANCA, MICHAEL 4902 EISENHOWER BLVD., #155 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD MCKEON, ROBERT B 660 MADISON AVE 14TH FL NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PEA, RICHARD 4726 EISENSHOWER BLVD TAMPA, FL 33634 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000587880 03/20/05--01054--013 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V TAYLOR, SERGE N 4726 EISENHOWER BLVD TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Michael J. Pedrick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Michael J. Pedrick 09/09/2005 215.963.4808 <small>Date Daytime Phone #</small>			

TRAK MICROWAVE CORPORATION

OFFICERS:

NAME	TITLE	BUSINESS ADDRESS
Paul Cox	Chairman	36-38 Waterloo Road London NW2 7UH
Richard Pea	President	4726 Eisenhower Blvd. Tampa, FL 33634
Walter E. Orme	Treasurer	101 Lindenwood Drive, Suite 125 Malvern, PA 19355
David Kuckelman	Secretary	20501 Seneca Meadows Parkway Germantown, MD 20876
Michael J. Pedrick	Assistant Secretary	1701 Market Street Philadelphia, PA 19103
Ryan Roney	Assistant Secretary	20501 Seneca Meadows Parkway Germantown, MD 20876

DIRECTORS:

NAME	BUSINESS ADDRESS
Paul Cox	36-38 Waterloo Road London NW2 7UH
David Kuckelman	20501 Seneca Meadows Parkway Germantown, MD 20876