

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08, 1996 08:00 AM
Secretary of State

DOCUMENT # 830046 (9)
1. Corporation Name
MOTOROLA, INC.



Principal Place of Business Mailing Address
1303 E. ALGONQUIN ROAD
SCHAUMBURG IL 60186 1303 E. ALGONQUIN ROAD
SCHAUMBURG IL 60196

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

3. Date Incorporated or Qualified 05/04/1973 3a. Date of Last Report 04/17/1995
4. FEI Number 36-1115800 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
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

Date

12. OFFICERS AND DIRECTORS
1. TITLE VP
2. NAME TOOKER, GARY L.
3. STREET ADDRESS 1303 ALGONQUIN RD.
4. CITY-ST-ZIP SCHAUMBURG IL
5. TITLE D
6. NAME MITCHELL, JOHN F.
7. STREET ADDRESS 1303 ALGONQUIN ROAD
8. CITY-ST-ZIP SCHAUMBURG IL
9. TITLE D
10. NAME HICKEY, JOHN T.
11. STREET ADDRESS 1303 ALGONQUIN RD
12. CITY-ST-ZIP SCHAUMBURG IL
13. TITLE VP
14. NAME DYBALA, RAY A.
15. STREET ADDRESS 1303 ALGONQUIN RD
16. CITY-ST-ZIP SCHAUMBURG IL
17. TITLE D
18. NAME DOUD, WALLACE
19. STREET ADDRESS 1303 ALGONQUIN RD.
20. CITY-ST-ZIP SCHAUMBURG IL
21. TITLE D
22. NAME THOMAS J. MURRIN
23. STREET ADDRESS 1303 E. ALGONQUIN RD.
24. CITY-ST-ZIP SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(k), 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: *Ray A. Dybala*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

Date

Signature/Title #

CR2E034 (12/95)