

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **830356** (2)  
1. Corporation Name  
**COLLINS RADIO COMPANY**

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| Principal Place of Business<br><b>C/O ROCKWELL INTERNATIONAL CORPORATION<br/>625 LIBERTY AVE.<br/>PITTSBURGH PA 15222-0123</b> | Mailing Address<br><b>C/O ROCKWELL INTERNATIONAL CORPORATION<br/>625 LIBERTY AVE.<br/>PITTSBURGH PA 15222-3110</b> |
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|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>06/26/1973</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
|   |  |  |  | 4. FEI Number<br><b>75-1427945</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
|   |  |  |  | 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
|   |  |  |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
|   |  |  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |  |
|--|--|--|--|

11. Pursuant to the provisions of Sections 607.0602 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 reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | AT<br>THOMPSON, W.T.<br>625 LIBERTY AVENUE<br>PITTSBURGH, PA 0               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AT<br>STOOPS, C.C.<br>625 LIBERTY AVENUE<br>PITTSBURGH, PA 0                 | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | PD<br>BLACK, K.M.<br>3200 EAST RENNER ROAD<br>RICHARDSON TX                  | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                | T<br>ORAMER, L.H. Popeye, Dennis J<br>625 LIBERTY AVENUE<br>PITTSBURGH, PA 0 | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | PVS<br>SEAMANS, R.C.<br>2201 SEAL BEACH BLVD.<br>SEAL BEACH CA               | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *W. Thompson* *Asst Treasurer* 4-21-97 412-565-8721

CR2E034 (9/96)