. FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0007903

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 10 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **830356**

1. Corporation Name
COLLINS RADIO COMPANY

Principal Place of Business
C/O ROCKWELL INTERNATIONAL CORPORATION
625 LIBERTY AVE.
PITTSBURGH PA 15222-0123

Mailing Address
C/O ROCKWELL INTERNATIONAL CORPORATION
625 LIBERTY AVE
PITTSBURGH PA 15222-0123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1973

4. FEI Number
75-1427945
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 600 Anton Boulevard
Suite, Apt #, etc
22 Suite 700
City & State
23 Costa Mesa, CA
Zip / Country
24 92628 25 USA

2a. Mailing Address
26 c/o Arthur Andersen LLP
Suite, Apt #, etc
27 633 W. Fifth St., 26th Fl.
City & State
28 Los Angeles, CA
Zip / Country
29 90071 30 USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 designated) DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	[X] DELETE
NAME	THOMPSON, W.T.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH, PA 0	
TITLE	AT	[X] DELETE
NAME	STOOPS, C.C.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH, PA 0	
TITLE	PD	[ ] DELETE
NAME	STOCKER, J R	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY-ST-ZIP	SEAL BEACH CA	
TITLE	T	[ ] DELETE
NAME	POPOVEC, DENNIS J	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	VPS	[ ] DELETE
NAME	VETTER, W	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY-ST-ZIP	SEAL BEACH CA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Assistant Treasurer	[ ] Change [X] Addition
12 NAME	Gardner, S S	
13 STREET ADDRESS	600 Anton Boulevard, Suite 700	
14 CITY-ST-ZIP	Costa Mesa, CA 92628	
21 TITLE		Change [ ] Addition
22 NAME	300002874513--8	
23 STREET ADDRESS	-05/13/99--01109--016	
24 CITY-ST-ZIP	****150.00 ****150.00	
31 TITLE		[X] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	600 Anton Boulevard, Suite 700	
34 CITY-ST-ZIP	Costa Mesa, CA 92628	
41 TITLE		[X] Change [ ] Addition
42 NAME		
43 STREET ADDRESS	600 Anton Boulevard, Suite 700	
44 CITY-ST-ZIP	Costa Mesa, CA 92628	
51 TITLE		[X] Change [ ] Addition
52 NAME		
53 STREET ADDRESS	600 Anton Boulevard, Suite 700	
54 CITY-ST-ZIP	Costa Mesa, CA 92628	
61 TITLE	Assistant Treasurer	[ ] Change [X] Addition
62 NAME	West, L G	
63 STREET ADDRESS	600 Anton Boulevard, Suite 700	
64 CITY-ST-ZIP	Costa Mesa, CA 92628	

14. 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 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, with all other like empowered.

SIGNATURE: L G West — 5-3-99 — (714) 424-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. G. WEST ASST TREASURER

CR2E034 (11/98)