FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839229 (2)

1. Corporation Name
RACAL-DATACOM, INC.

Principal Place of Business	Mailing Address
TAX DEPARTMENT, MS-C218 P.O. BOX 407044 FT. LAUDERDALE FL 33340-4044	TAX DEPARTMENT, MS-C218 P.O. BOX 407044 FT. LAUDERDALE FL 33340-4044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1762746 — 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 — Racal-Datacom Recal Electronics Corp. 59-1786140

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	1.1 TITLE ☐ Change ☐ Addition
NAME	ELSBURY, DAVID C.	1.2 NAME
STREET ADDRESS	1601 N. HARRISON PKWY	1.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	BLECKNER, EDWARD JR	2.2 NAME
STREET ADDRESS	1601 N. HARRISON PKWY.	2.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP
TITLE	AS	3.1 TITLE ☐ Change ☐ Addition
NAME	CARPENTER, JOSEPH E., JR	3.2 NAME
STREET ADDRESS	1601 N. HARRISON PKWY.	3.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP
TITLE	DP	4.1 TITLE ☐ Change ☐ Addition
NAME	NORMAN, JAMES A	4.2 NAME
STREET ADDRESS	1601 N. HARRISON PKWY.	4.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE ☐ Change ☐ Addition
NAME	KUEHNE, CHARLES F	5.2 NAME
STREET ADDRESS	1601 N. HARRISON PKWY.	5.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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: [signature] 3/29/95 1-305-846-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David Brown, Assistant Treasurer

0841393 CP

839229

RACAL-DATACOM, INC.
OFFICERS/DIRECTORS LIST
FYE 02/01/95

FLORIDA CORPORATE
ANNUAL REPORT
1995

FEIN: 59-1762746
DOCUMENT # 839229

12. CONTINUED

OFFICERS AND DIRECTORS	
TITLE	VP
NAME	SMITH, GLENN R
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	VP
NAME	CHALFANT, MICHAEL
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	VP
NAME	BRONSON, DANIEL
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	VP
NAME	KITSELL, ROGER
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	VP
NAME	MAGNIFICO, MICHAEL
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323

OFFICERS AND DIRECTORS	
TITLE	D
NAME	M.R. RICHARDSON
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	A/T
NAME	BOWIE, DAVID A
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	A/T
NAME	DIAZ, WILLIAM R
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323
TITLE	A/T
NAME	FINGEROOT, FRANCES R
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323