

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

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

**DOCUMENT # 839229 (2)**  
1. Corporation Name  
**RACAL-DATACOM, INC.**



|                                                                                                                                      |                                                                                                                          |
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| Principal Place of Business<br><b>TAX DEPT MS-A127</b><br><b>P.O. BOX 407044</b><br><b>FT. LAUDERDALE FL 33340-4044</b><br><b>US</b> | Mailing Address<br><b>TAX DEPT MS-A127</b><br><b>P.O. BOX 407044</b><br><b>FT. LAUDERDALE FL 33340-7044</b><br><b>US</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/03/1977</b> | 3a. Date of Last Report<br><b>04/23/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                                                                                     |                                                                                          |                                                                     |                                                                                                 |                                                                                                                       |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 4. FEI Number<br><b>59-1762746</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>FILES UNDER RACAL CHSC 5-9-1785140</b> |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

|                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>85 Zip Code<br><b>FL</b> |
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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's signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

|                                                |                                                                                                    |                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>ELSBURY, DAVID C.</b><br><b>1801 N. HARRISON PKWY</b><br><b>SUNRISE FL</b>         | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BLECKNER, EDWARD JR</b><br><b>1801 N. HARRISON PKWY.</b><br><b>SUNRISE FL</b>       | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>CARPENTER, JOSEPH E., JR</b><br><b>1801 N. HARRISON PKWY.</b><br><b>SUNRISE FL</b> | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>KOZLOWSKI, PAUL G</b><br><b>1801 N HARRISON PKWY</b><br><b>SUNRISE FL</b>          | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>KUEHNE, CHARLES F</b><br><b>1801 N. HARRISON PKWY.</b><br><b>SUNRISE FL</b>         | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                    | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                            |                                                                                                                                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D</b><br><b>KOZLOWSKI, PAUL G.</b><br><b>1801 N. HARRISON PKWY</b><br><b>SUNRISE, FL</b> |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P</b><br><b>LOUIS BENDER</b><br><b>1801 N. HARRISON PKWY</b><br><b>SUNRISE, FL</b>       |

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 its receiver or officer 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 in an attachment with an address.

SIGNATURE:

(954) 841-1101

CR2E034 (9/96)

FLORIDA PROFIT CORPORATION ANNUAL REPORT

RACAL-DATACOM, INC.  
OFFICERS & DIRECTORS LIST  
FYE 03/31/97

FEIN: 59-1762746

| <u>OFFICER/DIRECTOR</u>                     | <u>NAME AND ADDRESS</u>                                                    | <u>OFFICER/DIRECTOR</u>                                       | <u>NAME AND ADDRESS</u>                                                       |
|---------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|
| PRESIDENT                                   | LOUIS P. BENDER<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323   | ASST.TREASURER &<br>ASST. SECRETARY                           | WILLIAM R. DIAZ<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323      |
| VICE PRESIDENT<br>-FINANCE & TREASURER      | CHARLES F. KUEHNE<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323 | ASST.TREASURER                                                | FRANCES R. FINGEROOT<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323 |
| SENIOR VICE PRESIDENT<br>- SALES            | HENRY CHELI<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323       | ASST.TREASURER                                                | DAVID A. BOWIE<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323       |
| SENIOR VICE PRESIDENT<br>ENGINEERING        | JIM FINNEGAN<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323      | ASST.SECRETARY &<br>SENIOR VICE PRESIDENT<br>- ADMINISTRATION | JOSEPH E. CARPENTER<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323  |
| SENIOR VICE PRESIDENT<br>- HUMAN RESOURCES  | DANIEL B.BRONSON<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323  | DIRECTOR                                                      | EDWARD BLECKNER, JR.<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323 |
| SENIOR VICE PRESIDENT<br>- FINANCE          | ROGER M.KITSELL<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323   | DIRECTOR                                                      | PAUL G. KOZLOWSKI<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323    |
| SENIOR VICE PRESIDENT<br>- OPER/ENGINEERING | MICHAEL MAGNIFICO<br>1601 NORTH HARRISON PARKWAY<br>SUNRISE, FLORIDA 33323 | DIRECTOR                                                      | DAVID C. ELSBURY<br>EASTHAMPSTEAD ROAD<br>BRACKNELL, BERKSHIRE UK             |