

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90053 032 \*\*\*150.00

DOCUMENT # 839229

1. Corporation Name

RACAL-DATACOM, INC. - FORMERLY  
MILGO SOLUTIONS, INC.

Principal Place of Business

TAX DEPT MS-4127 D127  
P.O. BOX 407044  
FT. LAUDERDALE FL 33340-4044  
US

Mailing Address

TAX DEPT MS-4127 D127  
P.O. BOX 407044  
FT. LAUDERDALE FL 33340-4044  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1977

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 MILGO SOLUTIONS, INC.

2a. Mailing Address

26 TAX DEPT MS-D127

Suite, Apt. #, etc.

22 1619 N. HARRISON PKWY

Suite, Apt. #, etc.

27 P.O. BOX 407044

City & State

23 SUNRISE, FL

City & State

28 FT. LAUDERDALE, FLORIDA

Zip

24 33323 25 US

Zip

29 33340-7044 30 US

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE

NAME ELSBURY, DAVID C.  
STREET ADDRESS 1601 N. HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL

TITLE ST ☒ DELETE

NAME ROBERTS, JAMES  
STREET ADDRESS 1601 HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ASAT ☒ DELETE

NAME DIAZ, WILLIAM  
STREET ADDRESS 1601 HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE DP ☒ DELETE

NAME KOSLOWSKI, PAUL  
STREET ADDRESS 1601 HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE AT ☒ DELETE

NAME MYOTT, SCOTT  
STREET ADDRESS 1601 HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE AS ☒ DELETE

NAME CAMPOS, DELFINA  
STREET ADDRESS 1601 HARRISON PKWY  
CITY-ST-ZIP SUNRISE FL 33323

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME GEORGE WEBSTER  
1.3 STREET ADDRESS 1619 N. HARRISON PKWY  
1.4 CITY-ST-ZIP SUNRISE, FL 33323

2.1 TITLE ☒ Change ☐ Addition

NAME ROBERT WENTWORTH  
2.3 STREET ADDRESS 1619 N. HARRISON PKWY  
2.4 CITY-ST-ZIP SUNRISE, FL 33323

3.1 TITLE ☒ Change ☐ Addition

NAME EVA KALAWSKI  
3.3 STREET ADDRESS 1619 N. HARRISON PKWY  
3.4 CITY-ST-ZIP SUNRISE, FL 33323

4.1 TITLE ☒ Change ☐ Addition

NAME ROBERT SOUBRAN  
4.3 STREET ADDRESS 1619 N. HARRISON PKWY  
4.4 CITY-ST-ZIP SUNRISE, FL 33323

5.1 TITLE ☒ Change ☐ Addition

NAME FRANCES FINGEROOT  
5.3 STREET ADDRESS 1619 N. HARRISON PKWY  
5.4 CITY-ST-ZIP SUNRISE, FL 33323

6.1 TITLE ☐ Change ☐ Addition

NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Date

(954) 846-4150

Daytime Phone #

CR2E034 (11/98)