**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **843842** **(6)**

1. Corporation Name

**GENERAL INSTRUMENT CORPORATION OF DELAWARE**

| Principal Place of Business | Mailing Address |
|---|---|
| ARBOR CIRCLE SOUTH<br>8 CAMPUS DR.<br>PARSIPPARY NJ 07054-0417 | ARBOR CIRCLE SOUTH<br>8 CAMPUS DR.<br>PARSIPPARY NJ 07054-0417 |

3. Date Incorporated or Qualified: 08/03/1979
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business
21: 8770 W. BRYN MAWR AVE
22 Suite, Apt. #, etc.: SUITE -1300
23 City & State: CHICAGO, IL
24 Zip: 60631 25 Country:

2a. Mailing Address
26: 8770 W. BRYN MAWR AVE
27 Suite, Apt. #, etc.: SUITE 1300
28 City & State: CHICAGO, IL
29 Zip: 60631 30 Country:

4. FEI Number: 22-0936850 ☐ 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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CB | ☒ DELETE | 1.1 TITLE | V/S | ☐ Change ☒ Addition |
| NAME | AKERSON, DANIEL F. | | 1.2 NAME | SUSAN M. MEYER | |
| STREET ADDRESS | 181 W MADISON ST | | 1.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 1.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |
| TITLE | VDT | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SMITH, RICHARD C. | | 2.2 NAME | | |
| STREET ADDRESS | 181 N MADISON ST | | 2.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 2.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | PR | ☒ Change ☐ Addition |
| NAME | FRIEDLAND, RICHARD S. | | 3.2 NAME | | |
| STREET ADDRESS | 181 W MADISON ST | | 3.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 3.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |
| TITLE | VSD | ☐ DELETE | 4.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | DUMIT, THOMAS A. | | 4.2 NAME | | |
| STREET ADDRESS | 181 W MADISON ST | | 4.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 4.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |
| TITLE | EV | ☒ DELETE | 5.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | BLANCHARD, JOHN A. | | 5.2 NAME | PAUL BERZENSKI | |
| STREET ADDRESS | 181 W. MADISON ST. | | 5.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 5.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DICKSON, CHARLES | | 6.2 NAME | | |
| STREET ADDRESS | 181 N. MADISON ST. | | 6.3 STREET ADDRESS | 8770 W. BRYN MAWR AVE - SUITE 1300 | |
| CITY-ST-ZIP | CHICAGO IL | | 6.4 CITY-ST-ZIP | CHICAGO, IL 60631 | |

CR2E034 (12/95)

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:** _____ 4/12/96 (312) 645-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD C. SMITH VICE PRESIDENT