

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:07

DOCUMENT # 852139 (5)

1. Corporation Name
RACAL RECORDERS INC.

Principal Place of Business
**15375 BARRANCA PARKWAY
SUITE H101-104
IRVINE CA 92718
US**

Mailing Address
**P.O. BOX 407044 MS-0218--
FT. LAUDERDALE FL 33407--
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/10/1982** 3a. Date of Last Report **04/25/1994**

4. FEI Number **52-1144075** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 **MS- D 109**

23 Zip Country 28 Zip Country

24 **33346-7044** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
NAME **POOLE, DAVID**
STREET ADDRESS **15375 BARRANCA PARKWAY, H101-104**
CITY-ST-ZIP **IRVINE CA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVP**
NAME **CUMMINGS, JOHN**
STREET ADDRESS **15375 BARRANCA PARKWAY, H101-104**
CITY-ST-ZIP **IRVINE CA**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **CARPENTER JR., J.E.**
STREET ADDRESS **1601 N HARRISON PKWY**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **AS**
NAME **VINAS, SARA**
STREET ADDRESS **1601 N HARRISON PKWY**
CITY-ST-ZIP **SUNRISE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **ASAT**
NAME **KALAHAR, CAROL**
STREET ADDRESS **15375 BARRANCA PARKWAY, H101-104**
CITY-ST-ZIP **IRVINE CA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **AT**
NAME **FINGEROQT, FRANCES**
STREET ADDRESS **1601 N. HARRISON PKWY.**
CITY-ST-ZIP **SUNRISE FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if clear job, or on an attachment with an address.

SIGNATURE:

[Signature] **DAVID A. BOWIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 (305) 846-1601
DATE

RACAL RECORDERS, INC.
FEI NUMBER: 52-1144075
ATTACHMENT TO CORPORATION ANNUAL REPORT
STATE OF FLORIDA

OFFICERS

7.1	TITLE	A/T
7.2	NAME	DAVID A. BOWIE
7.3	STREET ADDRESS	1601 N. HARRISON PARKWAY
7.4	CITY-ST-ZIP	SUNRISE, FLORIDA 33323
8.1	TITLE	A/T
8.2	NAME	WILLIAM DIAZ
8.3	STREET ADDRESS	1601 N. HARRISON PARKWAY
8.4	CITY-ST-ZIP	SUNRISE, FLORIDA 33323