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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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-A127  
FT. LAUDERDALE FL 33340-7044  
US

3. Date Incorporated or Qualified  
03/10/1982

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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

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

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

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

TITLE AT  
NAME FINGEROOT, FRANCES  
STREET ADDRESS 1601 N. HARRISON PKWY.  
CITY-ST-ZIP SUNRISE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☒ Addition

AT  
DAVID BOWIE  
1601 N. HARRISON PKWY  
SUNRISE, FL 33323

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 the regular 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, or on an attachment with an address.

SIGNATURE: DAVID BOWIE  
ASST. TREASURER 3/19/97 9548464/60  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)