

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 480 SPRING PARK PLACE Suite, Apt. #, etc. 22 1000 City & State 23 HERNDON (VA) VIRGINIA Zip 24 20170 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/10/1982 4. FEI Number 52-1144075 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD POOLE, DAVID	1.1 TITLE	PD DAVID KEMPSON
NAME	15375 BARRANCA PARKWAY, H101-104	1.2 NAME	480 SPRING PARK PLACE
STREET ADDRESS	IRVINE CA	1.3 STREET ADDRESS	HERNDON VA 20170
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP CUMMINGS, JOHN	2.1 TITLE	AT AND AS
NAME	15375 BARRANCA PARKWAY, H101-104	2.2 NAME	WILLIAM DIAZ
STREET ADDRESS	IRVINE CA	2.3 STREET ADDRESS	1601 HARRISON PKWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	S CARPENTER JR., J.E.	3.1 TITLE	
NAME	1801 N HARRISON PKWY	3.2 NAME	
STREET ADDRESS	SUNRISE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ASAT KALAHAR, CAROL	4.1 TITLE	
NAME	15375 BARRANCA PARKWAY, H101-104	4.2 NAME	
STREET ADDRESS	IRVINE CA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AT FINGEROOT, FRANCES	5.1 TITLE	
NAME	1801 N. HARRISON PKWY.	5.2 NAME	
STREET ADDRESS	SUNRISE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT BOWIE, DAVID	6.1 TITLE	AT
NAME	1801 N HARRISON PKWY	6.2 NAME	SCOTT MYOTT
STREET ADDRESS	SUNRISE FL	6.3 STREET ADDRESS	1601 HARRISON PKWY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SUNRISE FL 33323

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.

SIGNATURE _____

CR2E034 (10/97)