

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

DOCUMENT # 852139

1. Corporation Name

RACAL RECORDERS INC.

Principal Place of Business

480 SPRING PARK PLACE
SUITE 1000
HERNDON VA 20170
US

Mailing Address

P O BOX 407044
MS-A127
FT. LAUDERDALE FL 33340-7044
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90223 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1982

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 9963

27 Suite, Apt. #, etc.

28 FT. LAUDERDALE, FL

29 Zip Country

30 33340-9963 31 US

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 KEMPSON, DAVID
STREET ADDRESS 480 SPRING PARK PLACE
CITY-ST-ZIP HERNDON VA 20170 ☒ DELETE

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME JAMES Park
1.3 STREET ADDRESS 480 Spring Park Place
1.4 CITY-ST-ZIP Herndon, VA 20170 ☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME IAN CUNNINGHAM
2.3 STREET ADDRESS 480 Spring Park Place
2.4 CITY-ST-ZIP Herndon, VA 20170 ☐ Change ☒ Addition

3.1 TITLE TREAS & AS
3.2 NAME Terri Mullings
3.3 STREET ADDRESS 480 Spring Park Place
3.4 CITY-ST-ZIP Herndon, VA 20170 ☐ Change ☒ Addition

4.1 TITLE Sec
4.2 NAME DELFINA Campos
4.3 STREET ADDRESS 1601 N HARRISON PKWY
4.4 CITY-ST-ZIP Sunrise, FL 33323 ☐ Change ☒ Addition

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

6.1 TITLE ☐ Change ☐ Addition
6.2 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: *William Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

954-846-4158

Date

Daytime Phone #

CR2E034 (11/98)