

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852139

1. Entity Name

RACAL RECORDERS INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90074 050 ***150.00

Principal Place of Business

480 SPRING PARK PLACE
SUITE 1000
HERNDON VA 20170
US

Mailing Address

PO BOX 9963
FT. LAUDERDALE FL 33310-0963
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1144075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PARK, JAMES	480 SPRING PARK PLACE	HERNDON VA 20170	<input type="checkbox"/>
ATAS	DIAZ, WILLIAM	1601 HARRISON PKWY	SUNRISE FL 33323	<input type="checkbox"/>
TAS	MULLINGS, TERRI	480 SPRING PARK PLACE	HERNDON VA 20170	<input type="checkbox"/>
S	CAMPOS, DELFINA	1601 N. HARRISON PKWY.	SUNRISE FL 33323	<input type="checkbox"/>
V	CUNNINGHAM, IAN	480 SPRING PARK PLACE	HERNDON VA 20170	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ASST TREAS, ASST SEC, DIRECTOR	WILLIAM DIAZ	1601 N HARRISON PKWY	SUNRISE, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP & Gen MGR	CHRIS WOOTEN	480 SPRING PARK PLACE	HERNDON, VA 20170	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Diaz

Date

3/24/00

Daytime Phone #

954-846-4158