

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 020 ***550.00

DOCUMENT # 857154

1. Entity Name

TELXON CORPORATION

Principal Place of Business

3330 WEST MARKET STREET
 AKRON OH 44333

Mailing Address

8302 NEW TRAILS DRIVE
 THE WOODLANDS TX 77381

2. Principal Place of Business

Suite, Apt. #, etc.

One Symbol Plaza

City & State

Holttsville, NY

Zip

11742-1300

Country

USA

3. Mailing Address

One Symbol Plaza

Suite, Apt. #, etc.

City & State

Holttsville, NY

Zip

11742-1300

Country

USA

4. FEI Number 74-1666060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	PAXTON, JOHN W	
STREET ADDRESS	3330 W MARKET ST	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	VFF	<input checked="" type="checkbox"/> Delete
NAME	GABRIEL, GERALD J	
STREET ADDRESS	3330 W. MARKET STREET	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, RUSSELL	
STREET ADDRESS	3330 W-MARKET-STREET	
CITY-ST-ZIP	AKRON OH	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GRAND, GARY L	
STREET ADDRESS	3330 MARKET ST	
CITY-ST-ZIP	AKRON OH	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, ROBERT A.	
STREET ADDRESS	3330 W. MARKET STREET	
CITY-ST-ZIP	AKRON OH	
TITLE	VPFO	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, WILLIAM	
STREET ADDRESS	8302 NEW TRAILS DRIVE	
CITY-ST-ZIP	THE WOODLANDS TX 77381	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / CEO	Change <input checked="" type="checkbox"/> Addition
NAME	Razmilovic, TOMO	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holttsville, NY 11742-1300	
TITLE	CFO	Change <input checked="" type="checkbox"/> Addition
NAME	Degennaro, Michael	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holttsville, NY 11742-1300	
TITLE	Secretary / VP / General Council	Change <input checked="" type="checkbox"/> Addition
NAME	Goldner, Leonard	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holttsville, NY 11742-1300	
TITLE	Executive VP / COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burke, Brian	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holttsville, NY 11742-1300	
TITLE	VP / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmidel, Cary G.	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holttsville NY 11742-1300	
TITLE	VP of Law / Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siegel, Walter	
STREET ADDRESS	One symbol Plaza	
CITY-ST-ZIP	Holttsville, NY 11742-1300	

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:

James P. King

James P. King 2/27/01 631-738-4739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X S S Sil

CR2E034 (10/00)