2003 FOR PROFIT CORPORATION

May 06, 2003 8:00 am \(\frac{8}{5} \) **UNIFORM BUSINESS REPORT (UBR)** Secretary of State 857154 DOCUMENT # 05-06-2003 90020 047 ***150.00 1. Entity Name TELXON CORPORATION Principal Place of Business Mailing Address ONE SYMBOL PLAZA ONE SYMBOL PLAZA HOLTSVILLE NY 11742-1300 **HOLTSVILLE NY 11742-1300** 2. Principal Place of Business 3. Mailing Address one Symbol one symbol Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 74-1666060 N Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE Change : BRAUMAN, RICHARD Richard Browman NAME NAME ONE SYMBOL PLAZA STREET ADDRESS STREET ADDRESS **HOLTSVILLE NY 11742-1300** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete 2 TITLE Addition JARGGI, KENNETH V Moth Greenquist NAME NAME ONE SYMBOL PLAZA OR Symbol Pluza STREET ADDRESS STREET ADDRESS HOLTSVILLE NY 11742-1300 CITY-ST-ZIP CITY-ST-7IP SVGC TITLE ☐ Delete TITLE Change ---- Addition... **GOLDNER, LEONARD** NAME NAME ONE SYMBOL PLAZA STREET ADDRESS STREET ADDRESS **HOLTSVILLE NY 11742-1300** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition SWARTZ, JEROME NAME NAME ONE SYMBOL PLAZA STREET ADDRESS STREET ADORESS **HOLTSVILLE NY 11742-1300** CITY-ST-ZIP CITY-ST-ZIP **VPT** TITI F ☐ Delete TITI F ☐ Change ☐ Addition SCHMIDEL, CARY G NAME NAME STREET ADDRESS ONE SYMBOL PLAZA STREET ADDRESS **HOLTSVILLE NY 11742-1300** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does no 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

VLAS

SIEGEL, WALTER

ONE SYMBOL PLAZA

HOLTSVILLE NY 11742-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

FILED