

857154

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. Oulliette MAY 19 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 020240 4324872
AUTHORIZATION : *Patricia Pizuto*
COST LIMIT : \$ 35.00

ORDER DATE : April 10, 2003
ORDER TIME : 9:35 AM
ORDER NO. : 020240-100
CUSTOMER NO: 4324872
CUSTOMER: Ms. Kathleen Poutrain
Symbol Technologies, Inc.
One Symbol Plaza
Holtsville, NY 11742-1300

CHANGE OF AGENT

NAME: TELXON CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Delaware in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: TELXON CORPORATION

2. The principal office address: _____

One Symbol Plaza, Holtsville, NY 11742-1300

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 19, 1983 Document number: 857154

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Maureen Cullen, Attorney-in-Fact
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)
Corporation Service Company

May 8, 2003

(Date)

If signing on behalf of an entity:

Marva Williams

(Typed or Printed Name)

Assistant Vice President

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314