

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90190 028 \*\*\*150.00

**DOCUMENT # F01000002353**

1. Entity Name

**TROXLER ELECTRONIC LABORATORIES, INC.**

Principal Place of Business

**3006 CORNWALLIS ROAD  
 RESEARCH TRIANGLE PARK NC 27709**

Mailing Address

**PO BOX 12057  
 RESEARCH TRIANGLE PARK NC 27709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-0753744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

**MARQUEZ, SIGFREDO  
 2376 FORSYTH ROAD  
 ORLANDO FL 32807**

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) ☐  
**FILED ON INTERNET 1/14/02**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 **PD** ☐ Delete  
 NAME **TROXLER, WILLIAM F JR.**  
 STREET ADDRESS **3422 LANDOR ROAD**  
 CITY-ST-ZIP **RALEIGH NC 27609**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **BOYLAN, JAMES H JR.**  
 STREET ADDRESS **1618 MEDFIELD ROAD**  
 CITY-ST-ZIP **RALEIGH NC 27607**

TITLE **Treasurer and Secretary** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☒ Delete  
 NAME **FISHER, C. P**  
 STREET ADDRESS **PO BOX 51968**  
 CITY-ST-ZIP **DURHAM NC 27717**

TITLE **V.P. of Operations** ☐ Change ☒ Addition  
 NAME **Joseph A. Mentz**  
 STREET ADDRESS **714 Woodway Bluff**  
 CITY-ST-ZIP **Cary, NC 27516**

TITLE **D** ☒ Delete  
 NAME **FULTON, CHARLES L**  
 STREET ADDRESS **3624 WILLIAMSBOROUGH CT.**  
 CITY-ST-ZIP **RALEIGH NC 27604**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Robbie Troxler**  
 STREET ADDRESS **1609 Canterbury Road**  
 CITY-ST-ZIP **Raleigh, NC 27608**

TITLE **D** ☐ Delete  
 NAME **BABCOCK, SUZANNE T**  
 STREET ADDRESS **2319 BEECHRIDGE ROAD**  
 CITY-ST-ZIP **RALEIGH NC 27608**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **WOOTEN, F. T DR.**  
 STREET ADDRESS **PO BOX 1579**  
 CITY-ST-ZIP **MANTEO NC 27954**

TITLE **Director** ☐ Change ☐ Addition  
 NAME **Earle Johnson, Jr.**  
 STREET ADDRESS **1001 Marlowe Road**  
 CITY-ST-ZIP **Raleigh, NC 27608**

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 H. Boylan, Jr.*  
**JAMES H. BOYLAN, JR.**

**3/18/02**

**(919) 485-2204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)