

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90010 037 ***150.00

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1. Entity Name

TROXLER ELECTRONIC LABORATORIES, INC.



Principal Place of Business

**3008 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**

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE V ☐ Delete
NAME MENTZ, JOSEPH
STREET ADDRESS 714 WOODWAY BLUFF
CITY-ST-ZIP CARY NC 27516

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

TITLE D ☐ Delete
NAME TROXLER, ROBBIE
STREET ADDRESS 1609 CANTEBURY ROAD
CITY-ST-ZIP RALEIGH NC 27608

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

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 JOHNSON, EARLE JR.
STREET ADDRESS 1001 MARLOWE RD.
CITY-ST-ZIP RALEIGH NC 27608

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JH Boylan **JAMES H. BOYLAN, JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04
Date

919 549 8661
Daytime Phone #