


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002353 1. Entity Name TROXLER ELECTRONIC LABORATORIES, INC.	
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Principal Place of Business 3008 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	Mailing Address PO BOX 12057 RESEARCH TRIANGLE PARK, NC 27709
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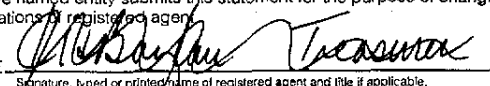
03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0753744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, SIGFREDO 2376 FORSYTH ROAD ORLANDO, FL 32807
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IN THIS SPACE**

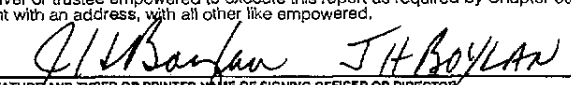
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 4-15-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TROXLER, WILLIAM F JR. 3422 LANDOR ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BOYLAN, JAMES H JR. 1618 MEDFIELD ROAD RALEIGH, NC 27607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENTZ, JOSEPH 714 WOODWAY BLUFF CARY, NC 27516
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROXLER, ROBBIE 1609 CANTEBURY ROAD RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BABCOCK, SUZANNE T 2319 BEECHRIDGE ROAD RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, EARLE JR. 1001 MARLOWE RD. RALEIGH, NC 27608

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04/18/05-80128-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4-15-05 (919) 485-2204
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

Treasurer