

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003987

1. Entity Name
INTERDIGITAL COMMUNICATIONS CORPORATION



Principal Place of Business
781 THIRD AVE.
KING OF PRUSSIA, PA 19406

Mailing Address
781 THIRD AVE.
KING OF PRUSSIA, PA 19406



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1882087

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 R. J. Fagan
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDBERG, HOWARD E
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE VCFO
NAME FAGAN, RICHARD J
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE S
NAME SHAY, LAWRENCE F
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE CONT
NAME BREZSKI, RICHARD
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE CD
NAME CAMPAGNA, HARRY G
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE D
NAME ROATH, ROBERT S
STREET ADDRESS 712 THIRD AVENUE
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

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03/17/05-80011-016 158.75

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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: R. J. Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #