

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005438

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: ADTRON CORPORATION

## Current Principal Place of Business:

4415 E COTTON CENTER BLVD  
#100  
PHOENIX, AZ 85040

## New Principal Place of Business:

## Current Mailing Address:

4415 E COTTON CENTER BLVD  
#100  
PHOENIX, AZ 85040

## New Mailing Address:

FEI Number: 86-0511956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: FITZGERALD, ALAN  
Address: 4415 E COTTON CENTER BLVD, #100  
City-St-Zip: PHOENIX, AZ 85040

Title: S ( ) Delete  
Name: NGUYEN, ANN  
Address: 4211 STARBOARD DR.  
City-St-Zip: FREMONT, CA 94538

Title: D ( ) Delete  
Name: BENKENDORF, ROBERT  
Address: 4415 E COTTON CENTER BLVD, #100  
City-St-Zip: PHOENIX, AZ 85040

Title: PD ( ) Delete  
Name: MACKENZIE, IAIN  
Address: 4211 STARBOARD DR.  
City-St-Zip: FREMONT, CA 94538

Title: V ( ) Delete  
Name: MARTEN, ALAN  
Address: 4211 STARBOARD DR.  
City-St-Zip: FREMONT, CA 94538

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN FITZGERALD

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date