2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F39162

Entity Name: TECHNOLOGY RESEARCH CORPORATION

Current Principal Place of Business:

5250-140TH AVE NORTH
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

5250-140TH AVE NORTH
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2095002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, BARRY H MR
5250-140TH AVENUE NORTH
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

ARCHBOLD, THOMAS G MR
5250-140TH AVENUE NORTH
CLEARWATER, FL 33760 US

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: THOMAS G ARCHBOLD 01/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FARREN, OWEN MR
Address: 5250-140TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760 US

Title: VP ( ) Delete
Name: WOOD, RAYMOND B MR.
Address: 1513 BEVERLY DRIVE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D ( ) Delete
Name: WALKER, DAVID F MR.
Address: 14388 EAGLE POINTE DRIVE
City-St-Zip: CLEARWATER, FL 33762 US

Title: D ( ) Delete
Name: MURPHY, EDMUND F JR
Address: 5250-140TH AVE., N.
City-St-Zip: CLEARWATER, FL 33760 US

Title: D ( ) Delete
Name: CHASTELET, GERRY MR
Address: 5250-140TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760 US

Title: D ( ) Delete
Name: MURPHY, PATRICK M MR
Address: 5250-140TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760 US

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: D (X) Change ( ) Addition
Name: SIMMONS, N J MR
Address: 33 NORTH PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756 US

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: OWEN FARREN CD 01/26/2009
Electronic Signature of Signing Officer or Director Date