## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

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SENCOM CORP. (SENSORS AND COMMUNICATIONS)

Principal Place		Mailing Address	)T				
3 PRESTON COURT 3 PRESTON COURT BEDFORD MA 01730 BEDFORD MA 01730							
223.3.0					3. Date Incorporated or Qualified		
Principal Place of Business     The Principal Place of Business		2a. Mailing Address			4. FEI Number 04-3141006	Applied For  Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr	у	8. This corporation has liability for int Florida Statutes	- *·	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			8	I Name			
	, DORRAL G. J	•	82	Street Add	dress (P.O. Box Number is Not Acceptable	;	
1201 M RM S-2	IINUTEMAN ST.		8:	·		<del>-</del>	
	CK AFB FL 32925-3237			ļ			
IAIIII	N A D 1 C 02020 0207		84	City		FL 85 Zip Code	
SIGNATURE _		niar offer fayak abli ND DIRECTORS	(40% Fung stered Ag	out segmentare resultar	edwier is makings ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12	
TITLE	CPT	☐ DELETE	1 1 TIBLE			Change Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or m, an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

2-26-96

617 271-0268