FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000011

SENCOM CORP. (SENSORS AND COMMUNICATIONS)

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90054 022 ***158.75



						-i E 1001/100 (110 1014) 01011 0011; 01(4) 0041 0011 0014 0011 0011 0014 0014 00		
Principal Place of Business Mailing Address								
3 PRESTON COURT 3 PRESTON CO								
BEDFORD MA	01730	BEDFORD MA 01730	BEDFORD MA 01730			DO NOT WRITE IN THIS SPACE		
,						3. Date Incorporated or Qualifed		
						01/03/1994		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26	26			04-3141006 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Contifered of Status Desired (X) \$8.75 Additional		
22		27				5. Certificate of Status Desired		
City & State	θ .	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip Co			ntry		This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
	ELAND, LARRY G.		82		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	WINDWARD LANE				_			
	S-207			83				
NICE	EVILLE FL 32578			84	City	85 Zip Code		
						FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
SIGNATURE Tutted name of registered agent and title if applicable. (NOTE: Reg					nt signature required	when reinstating) DATE		
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	CPT	CPT DELETE 1.1 T		TLE		☐ Change ☐ Addition		
NAME	YEATTS, FREDRICK S		1.2 N	ME				
STREET ADDRESS	3 PRESTON COURT		1.3 STRE/		TADDRESS			
CITY-ST-ZIP,	BEDFORD MA 01730		1,4 CI	TY-SI	T-ZIP			
TITLE		☐ DELETE	2.1 11	TLE		☐ Change ☐ Addition		
NAME	22		2.2 NA	WE				
STREET ADDRESS			2.3 STREET ADDRES		ADDRESS			
CITY-ST-ZIP			2. 4 C		T-ZIP			
TITLE '		☐ DELETE 3.11		ΊLE		☐ Change ☐ Addition		
NAME			3.2 N	3.2 NAME				
STREET ADDRESS			3.3 57	REET	T ADDRESS			
CITY-ST-ZIP			3.4. C		T-ZIP			
TITLE	, ,	☐ DELETE	4.1 177	rle.		☐ Change ☐ Addition !		
NAME	j j		4.2 N	AME				
STREET ADDRESS	× _{5 ef} e [‡]		4.3 57	REET	TADORESS			
CITY-ST-ZIP			4,4 CI	TY-SI	T-ZIP			
TITLE		☐ DELETE	5.1 TT			☐ Change ☐ Addition		
NAME			5.2 N					
STREET ADDRESS			5.3 ST	REET	TADDRESS			
CITY-ST-ZIP			5.4 CI	TY-S1	T-ZIP			
TITLE	DELETE 6.1		6.1 ₹	TLE		☐ Change ☐ Addition		
NAME			6.2 N	ME				
STREET ADDRESS	h		6.3 ST	REET	T ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP, 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4 usling	POTOCOURE
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR

19 JA a 1999