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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 17 AM 10:47**

DOCUMENT # F94000006020 (1)

1. Corporation Name

WAVELENGTH SYSTEMS DESIGN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 721 E. EL SEGUNDO BLVD.<br>EL SEGUNDO CA 90245 | 721 E. EL SEGUNDO BLVD.<br>EL SEGUNDO CA 90245 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1994

3a. Date of Last Report: FIRST REPORT

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 95-4082246 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

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

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DE FRISCO, JAMES
1950 NE 147TH TERRACE
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 Zip Code

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 of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PEERY, KATHLEEN | 1.2 NAME | |
| STREET ADDRESS | 740 LONGFELLOW | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HERMOSA BEACH CA 90254 | 1.4 CITY-ST-ZIP | |
| TITLE | DC | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KRONFELD, BERT | 2.2 NAME | |
| STREET ADDRESS | 740 LONGFELLOW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HERMOSA BEACH CA 90254 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROSS, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 5207 CLEANSITE | 3.3. STREET ADDRESS | |
| CITY-ST-ZIP | TORRANCE CA 90505 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** BERT KRONFELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q4082647 FP