SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 18 AM 10:57

DOCUMENT # F94000006184 (5)

1. Corporation Name
SIMRAD, INC.

Principal Place of Business	Mailing Address
19210 33RD AVE., W. LYNNWOOD WA 98036	19210 33RD AVE., W. LYNNWOOD WA 98036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report:
4. FEI Number: 91-1411826 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ANDREASEN, MORTEN
1500 N.W. 1ST ST., STE 1M
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET SUITE 105
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11) Pursuant to the provisions of Section 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 [signature] MICHAEL BENSON, ASSISTANT SECRETARY 7/17/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HANSEN, KAARE
STREET ADDRESS	STRANDPROMENADEN 50 N-3191
CITY-ST-ZIP	HORTEN NORWAY
TITLE	STD
NAME	KILDAL, TORFINN
STREET ADDRESS	STRANDPROMENADEN 50 N-3191
CITY-ST-ZIP	HORTEN NORWAY
TITLE	VD
NAME	RUTHERFORD, SCOTT
STREET ADDRESS	131 S. GLACIER PEAK DR.
CITY-ST-ZIP	CAMANO ISLAND WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries)

200001546022
-07/25/95--01124--013
****225.00 ****225.00

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: [signature] June 9/95 206-778-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT RUTHERFORD – DIRECTOR

0183040 FN