

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006251 (2)

1. Corporation Name

RACAL INTERLAN, INC.

Principal Place of Business

~~TAX DEPT. MC-D100~~
P.O. BOX 407044
FT. LAUDERDALE FL 33340-4044

Mailing Address

~~TAX DEPT. MC-D100~~
P.O. BOX 407044
FT. LAUDERDALE FL 33340-4044



3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 TAX DEPT, MS-A127
Suite, Apt. #, etc.

26 TAX DEPT. MS-A127
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0475780

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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, typed or printed name of registered agent and title, if applicable

(PRINT) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME CARPENTER, JOSEPH R
STREET ADDRESS 1601 N. HARRISON PKWY.
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

TITLE D
NAME HOLCROFT, PHILIP A
STREET ADDRESS WESTERN RD.
CITY-ST-ZIP BERKSHIRE, ENGLAND RG15 8LA ☒ DELETE

TITLE D
NAME RICHARDSON, MARVIN
STREET ADDRESS 1601 N. HARRISON PKWY.
CITY-ST-ZIP SUNRISE FL 33323 ☒ DELETE

TITLE D
NAME NORMAN, JAMES K
STREET ADDRESS 1601 N. HARRISON PKWY.
CITY-ST-ZIP SUNRISE FL 33323 ☒ DELETE

TITLE Y
NAME WHITE, DENNIS
STREET ADDRESS 60 CODMAN HILL
CITY-ST-ZIP BOXBOROUGH MA 01719 ☐ DELETE

TITLE ATAS
NAME DIAZ, WILLIAM
STREET ADDRESS 1601 N. HARRISON PKWY.
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

David A. Bowie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(954)

846-4160

CR2E034 (12/95)

RACAL INTERLAN, INC.
OFFICERS/DIRECTORS LIST
FYE 03/31/96

FLORIDA CORPORATE
ANNUAL REPORT
1996

FEIN: 65-0475780
DOCUMENT # F94000006251

12. CONTINUED

OFFICERS AND DIRECTORS

TITLE	A/T
NAME	BOWIE, DAVID A
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323

TITLE	A/T
NAME	FINGEROOT, FRANCES R
ADDRESS	1601 NORTH HARRISON PARKWAY
CITY, STATE	SUNRISE, FLORIDA 33323