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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000006251 (2)

1. Corporation Name  
RACAL INTERLAN, INC.

Principal Place of Business  
TAX DEPT. MS-A127  
P.O. BOX 407044  
FT. LAUDERDALE FL 33340-4044  
US

Mailing Address  
TAX DEPT. MSA-127  
P.O. BOX 407044  
FT. LAUDERDALE FL 33340-7044  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
12/07/1994

3a. Date of Last Report  
04/23/1996

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 FILES UNDER

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

RACAL ELEC  
INC-450BS  
59-1785140

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  
NAME DAVID ELSBURY  
STREET ADDRESS E HAMPSTEAD RD  
CITY-ST-ZIP BRACKELL EN

TITLE DC  
NAME PETER GYENES  
STREET ADDRESS 60 CODMAN HILL RD  
CITY-ST-ZIP BOXBOROUGH MA

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PCD  
PAUL G. KOZLOWSKI  
1601 N. HARRISON PKWY  
SUNRISE, FL 33323

AT  
DAVID A. BOWIE  
1601 N. HARRISON PKWY  
SUNRISE, FL 33323

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

(954) 846-1601

CR2E034 (9/96)