

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33340-4044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/07/1994	
25		30		4. FEI Number 65-0475780	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FILES	
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 UNDER - RACAL SUBS 57-1785142	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
FL				B5 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARPENTER, JOSEPH R		1.2 NAME	DELFINA CAMPOS			
STREET ADDRESS	1801 N. HARRISON PKWY.		1.3 STREET ADDRESS	1601 HARRISON PKWY			
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP	SUNRISE FL 33323			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVID ELSBURY		2.2 NAME				
STREET ADDRESS	E HAMPSTEAD RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	BRACKELL EN		2.4 CITY-ST-ZIP				
TITLE	PCD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOZLOWSKI, PAUL		3.2 NAME				
STREET ADDRESS	1801 N. HARRISON PKWY		3.3 STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WHITE, DENNIS		4.2 NAME	FRANCES FINGERROOT			
STREET ADDRESS	60 CODMAN HILL		4.3 STREET ADDRESS	1601 HARRISON PKWY			
CITY-ST-ZIP	BOXBOROUGH MA 01719		4.4 CITY-ST-ZIP	SUNRISE FL 33323			
TITLE	ATAS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIAZ, WILLIAM		5.2 NAME				
STREET ADDRESS	1801 N. HARRISON PKWY.		5.3 STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL 33323		5.4 CITY-ST-ZIP				
TITLE	AT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BOWIE, DAVID A		6.2 NAME	SCOTT MYOTT			
STREET ADDRESS	1801 N. HARRISON PKWY		6.3 STREET ADDRESS	1601 HARRISON PKWY			
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP	SUNRISE FL 33323			

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.

SIGNATURE: *Scott Myott* SCOTT MYOTT 4/14/98 9548464166

CR2E034 (10/97)