

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90091 044 \*\*\*150.00

**DOCUMENT # F96000004794**

1. Corporation Name  
**SIGNAL TECHNOLOGY CORPORATION**

Principal Place of Business

222 ROSEWOOD DR  
DANVERS MA 01923  
US

Mailing Address

222 ROSEWOOD DR  
DANVERS MA 01923  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

04-2758268

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 owes the current year, intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE  
NAME LOMBARD, GEORGE  
STREET ADDRESS 222 ROSEWOOD DR  
CITY-ST-ZIP DANVERS MA 01923

TITLE CFO ☐ DELETE  
NAME NELSEN, ROBERT  
STREET ADDRESS 222 ROSEWOOD DR  
CITY-ST-ZIP DANVERS MA 01923

TITLE V ☐ DELETE  
NAME PARKER, DAVID  
STREET ADDRESS 222 ROSEWOOD DR  
CITY-ST-ZIP DANVERS MA 01923

TITLE T ☒ DELETE  
NAME ROCKWELL, EDWARD  
STREET ADDRESS 222 ROSEWOOD DR  
CITY-ST-ZIP DANVERS MA 01923

TITLE S ☒ DELETE  
NAME HAUSER, HARRY R  
STREET ADDRESS 225 FRANKLIN ST  
CITY-ST-ZIP BOSTON MA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition  
1.2 NAME ROGER FELDMAN  
1.3 STREET ADDRESS 150 FEDERAL ST C/O BINGHAM DATA  
1.4 CITY-ST-ZIP BOSTON, MA 02110-1726

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)