



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90041 027 \*\*\*150.00

<b>DOCUMENT # F97000002969</b> 1. Entity Name <b>GLENAYRE ELECTRONICS, INC.</b>					
Principal Place of Business <b>11360 LAKEFIELD DR DULUTH, GA 30097</b>			Mailing Address <b>11360 LAKEFIELD DR DULUTH, GA 30097</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01262004    Chg-P    CR2E034 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>84-0747942</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARDIZZONE, RAMON D</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>Bailey, Clarke H.</b> <b>11360 Lakefield Drive</b> <b>Duluth, GA 30097</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS</b> <b>ZOLA, DEBRA</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Ziola, Debra</b> <b>11360 Lakefield Drive</b> <b>Duluth, GA 30097</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOGETT, ERIC L</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CBD</b> <b>BAILEY, CLARKE H</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EDWARDS, WILLIAM W</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MADISON, ROLF</b> <b>11360 LAKEFIELD DR</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>Debra Ziola</b> <b>1/28/04</b> <b>770-283-1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

Attachment

Doc. # F97.000002969

540.03724

**GLENAYRE ELECTRONICS, INC.**

**Directors**

* Clarke H. Bailey	Chairman
Ramon D. Ardizzone	Director
John J. Hurley	Director
Donald S. Bates	Director
Peter W. Gilson	Director
Stephen P. Kelbley	Director
Horace H. Sibley	Director
Matthew J. Desch	Director
Howard W. Speaks	Director

**Officers**

* Clarke H. Bailey	Chairman of the Board & CEO
Debra L. Ziola	Sr. V.P., CFO, CAO, Treasurer & Secretary
William W. Edwards	Sr. V.P., Worldwide Sales
Rolf Madson	Sr. V.P., Business Development & Marketing
Kristopher Wood	Vice Chairman & Chief Acquisitions Officer
Dave Hetzler, Jr.	Assistant Secretary

\* address: 11360 Lakeland Drive  
Duluth, GA 30097