

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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90021 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F98000000808

1. Corporation Name  
COMARCO SYSTEMS, INC.

Principal Place of Business  
1845B FORT MAHONE STREET  
PETERSBURG VA 23805

Mailing Address  
1845B FORT MAHONE STREET  
PETERSBURG VA 23805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/11/1998

4. FEI Number  
54-1834939

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 8150 Leesburg Pk,

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Vienna VA 22182

Zip Country

29 30

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	BAILEY, DON M	22800 SAVI RANCH PKWY, STE 214	YORBA LINDA CA	<input type="checkbox"/>
PD	HILLIS, JOHN C	1845B FORT MAHONE STREET	PETERSBURG VA	<input type="checkbox"/>
VAS	STEVENS, LORI K	1845B FORT MAHONE STREET	PETERSBURG VA	<input type="checkbox"/>
V	MONTGOMERY, DAVID N	RT 6 BOX 28	BLOOMFIELD IN	<input type="checkbox"/>
S	EVANS, EVELYN M	22800 SAVI RANCH PKWY, STE 214	YORBA LINDA CA	<input type="checkbox"/>
T	BAIRD, THOMAS P	8150 LEESBURG PIKE	VIENNA VA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1551 N Tustin Ave., Suite 840	Santa Ana, CA 92705-8636	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		1551 N Tustin Ave., Ste 840	Santa Ana CA 92705-8636	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: THOMAS P. BAIRD 3/15/99 703-903-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FCR4 (11/98)