

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90001 006 \*\*\*150.00

0553607

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F98000004342**  
 1. Corporation Name  
**POWERWAVE TECHNOLOGIES, INC.**

Principal Place of Business 2026 MCGAW AVENUE IRVINE CA 92614	Mailing Address 2026 MCGAW AVENUE IRVINE CA 92614
---	---



DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
--------------------------------	------------------------	-----------------	--------	------------	--------------------	------------------------	-----------------	--------	------------

3. Date Incorporated or Qualified <b>07/30/1998</b>	
4. FEI Number <b>11-2723423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORDERO, ALFONSO G</b>	1.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, BRUCE C</b>	2.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAELS, KEVIN T</b>	3.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAM, KI Y</b>	4.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUANICH, ANTHONY J</b>	5.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUELS, WILLIAM L</b>	6.2 NAME	
STREET ADDRESS	<b>2026 MCGAW AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	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

(949) 757-0530  
Designee Phone #

CR2E034 (11/98)