

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90181 014 ***150.00

DOCUMENT # F98000004342

1. Entity Name

POWERWAVE TECHNOLOGIES, INC.



Principal Place of Business

1801 E ST ANDREW PL
SANTA ANA, CA 92705

Mailing Address

1801 E ST ANDREW PL
ATTN: MIKE PRIMEAUX
SANTA ANA, CA 92705

11040014



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number

11-2423423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDWARDS, BRUCE C
STREET ADDRESS 1801 E ST ANDREW PLACE
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE VS
NAME MICHAELS, KEVIN T
STREET ADDRESS 1801 E ST ANDREW PLACE
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE D
NAME CLENDENIN, JOHN L
STREET ADDRESS 1801 E ST ANDREW PLACE
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE D
NAME GODA, GENE
STREET ADDRESS 1801 E ST ANDREW PLACE
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE VP
NAME MURANE, MARIANNA
STREET ADDRESS 1801 EAST ST ANDREW PL
CITY-ST-ZIP SANTA ANA, CA 92705

TITLE COOV
NAME BUSCHUR, RON
STREET ADDRESS 1801 E ST ANDREW PLACE
CITY-ST-ZIP SANTA ANA, CA 92705

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Michaels

Date

Daytime Phone #

714-466-1000