

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90335 032 ***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**

55045283



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2423423**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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 **CT Corporation System**
Signature, typed or printed name of registered agent and title if applicable.

Not Jerrardo
Sept Ferraro
(NOTE: Registered Agent signature required when reinstating)

MAY 27 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Assistant Secretary

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Michaels

Date

4/24/03

Daytime Phone #

CR2E034 (10/02)