

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55930

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: SMITHS INTERCONNECT MICROWAVE COMPONENTS, INC.

**Current Principal Place of Business:**

8851 SW OLD KANSAS AVE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

8851 SW OLD KANSAS AVE  
STUART, FL 34997

**New Mailing Address:**

8851 SW OLD KANSAS AVE  
STUART, FL 34997 US

FEI Number: 59-2311425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERNSTEIN, DAVID  
Address: 8851 SW OLD KANSAS AVE  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: HARRISON, MARC  
Address: 8851 SW OLD KANSAS AVE  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: ORME, WALTER  
Address: 101 LINDENWOOD DRIVE, SUITE 125  
City-St-Zip: MALVERN, PA 19355

Title: S ( ) Delete  
Name: PEDRICK, MICHAEL  
Address: 1701 MARKET STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: D ( ) Delete  
Name: COX, PAUL  
Address: 6400 W OAKTON ST  
City-St-Zip: MORTON GROVE, IL 60053

Title: D ( ) Delete  
Name: HANSEN, MICHAEL  
Address: 6400 W OAKTON ST  
City-St-Zip: MORTON GROVE, IL 60053

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC HARRISON

VP

04/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date