FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:09

DOCUMENT # L11841 (8)

1. Corporation Name
PARKERVISION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 56346 JACKSONVILLE FL 32241	P.O. BOX 56346 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1989
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 8493 BAYMEADOWS WAY
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE, FL
24: Zip: 32256 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 59-2971472 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202

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: F & L CORP. 4/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DPC	☒ Change ☐ Addition
NAME	~~PARKER, BARBARA J.~~	1.2 NAME	PARKER, JEFFREY	
STREET ADDRESS	8493 BAYMEADOWS WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, TODD D.	2.2 NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, STACIE	3.2 NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOCH, STEVEN	4.2 NAME		
STREET ADDRESS	409 S. 17TH ST., 500 ENERGY PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SAMMONS, WILLIAM L	5.2 NAME		
STREET ADDRESS	231 BRATTLE RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Todd Parker 4/1/95 904-737-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TODD PARKER

0024126 CP