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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90210 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11841

1. Corporation Name
PARKERVISION, INC.

Principal Place of Business	Mailing Address
8493 BAYMEADOWS WAY JACKSONVILLE FL 32256 US	P.O. BOX 56346 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/22/1989

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

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

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 _____ 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	DPC	☐ DELETE	1.1 TITLE	C/D	XX Change ☐ Addition
NAME	PARKER, JEFFREY		1.2 NAME	Parker, Jeffrey	
STREET ADDRESS	8493 BAYMEADOWS WAY		1.3 STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	DCTO	☐ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SORRELS, DAVID		2.2 NAME	Richard Sisisky	
STREET ADDRESS	8493 BAYMEADOWS WAY		2.3 STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	DST	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PARKER, STACIE		3.2 NAME	Todd D. Parker	
STREET ADDRESS	8493 BAYMEADOWS WAY		3.3 STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	YEAGER, ARTHUR		4.2 NAME	William A. Hightower	
STREET ADDRESS	112 WEST ADAMS ST., STE 1305		4.3 STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SAMMONS, WILLIAM L		5.2 NAME	Francesco Bolgiani	
STREET ADDRESS	231 BRATTLE RD.		5.3 STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	SYRACUSE NY		5.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	AO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POEHLMAN, CYNTHIA L		6.2 NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Cynthia Poehlman 3/8/99 904-737-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #