2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90039 002 ***150.00

DOCUMENT # L11841

1. Entity Name
PARKERVISION, INC.

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

02242004 Chg-P CR2E034 (10/03)

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 59-2971472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOLPE, TIMOTHY W 1301 RIVERPLACE BLVD. STE. 1700 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARKER, JEFFREY		NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	DCTO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SORRELS, DAVID		NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	–	☐ Change ☐ Addition
NAME	WILF, STACIE		NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	SISISKY, RICHARD		NAME	William Hightower	
STREET ADDRESS	8493 BAYMEADOWS WAY		STREET ADDRESS	8493 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAMMONS, WILLIAM L		NAME		
STREET ADDRESS	231 BRATTLE RD.		STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE, NY		CITY-ST-ZIP		
TITLE	AO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POEHLMAN, CYNTHIA L		NAME		
STREET ADDRESS	8493 BAYMEADOWS WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		

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: _____ 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #