2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# L11841

Entity Name: PARKERVISION, INC.

Current Principal Place of Business:

7915 BAYMEADOWS WAY
SUITE 400
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56346
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-2971472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W ESQ.
501 RIVERSIDE AVE., 7TH FLOOR
JACKSONVILLE, FL 32202 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: CD ( ) Delete
Name: PARKER, JEFFREY
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: DCTO ( ) Delete
Name: SORRELS, DAVID
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST ( ) Delete
Name: WILF, STACIE
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: HIGHTOWER, WILLIAM
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: SAMMONS, WILLIAM L
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO ( ) Delete
Name: POEHLMAN, CYNTHIA L
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: PARKER, TODD
Address: 7915 BAYMEADOWS WAY, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

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: CYNTHIA POEHLMAN CFO 07/09/2008

Electronic Signature of Signing Officer or Director Date