

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014261

1. Entity Name
CONFLUENT RF SYSTEMS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -1 PM 12:52

Principal Place of Business
4315 WOODLAND PARK DRIVE
SUITE 101
WEST MELBOURNE, FL 32904

Mailing Address
1840 CENTURY PARK EAST
LOS ANGELES, CA 90067 US



08302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624858

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUFRENSE, GERALD A
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	DV
NAME	MCKENZIE, GARY W
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	D
NAME	MULLAN, JOHN H
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	DT
NAME	SANFORD, JAMES L
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	S
NAME	SALMAS, KATHLEEN M
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	AS
NAME	BOHDAN, WILLIAM J
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067

500079713235
09/12/06--01018--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kathleen Salmas* Kathleen M. Salmas, Secretary 8/30/06 (310) 201-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #