FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08031

May 15 1998 8:00am Secretary of State

FILED

THE RACAL CORPORATION Principal Place of Business Mailing Address P.O. BOX 407044, MS-A127 P.O. BOX 407044, MS-A127 FORT LAUDERDALE FL 33340-4044 FORT LAUDERDALE FL 33340-4044 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-1785146 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 85 Zip Code 11. Pursuant to the provisions of Scotions 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 Signature: Typed or profited name of registered agont and idle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ELSBURY, DAVID C. NAME 1.2 NAME **EASTHAMPSTEAD RD** STREET ADDRESS 1.3 STREET ADDRESS **BRACKNELL**, ENGLAND CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARPENTER, JOSEPH E. NAME 2.2 NAME ROD PHINNAM 1601 N. HARRISON PKWY N HARRISON PROY STREET ADDRESS 2.3 STREET ADDRESS 1601 SUNRISE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE D TITLE BLECKNER, JR. EDWARD KOZLOWSK I NAME 3.2 NAME PAUL 1601 N. HARRISON PARK, PKYY STREET ADDRESS 1601 HARRISON 3.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition BRONSON, DANIEL B. SR. NAME 4.2 NAME 1601 N. HARRISON PARK STREET ADORESS 4.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE UP/AT/T/S Change Addition TITLE 5.1 TITLE DIAZ, WILLIAM R. NAME 5.2 NAME DIAZ 1601 N. HARRISON PKWY STREET ADDRESS 5.3 STREET ADDRESS PICOY N HARRISOM **SUNRISE FL** CITY-ST-ZIP 5.4 CITY - ST - ZIP SUNPUSE, FL 33323 Change DELETE ☐ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 frue 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 atlachment with an address.

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