

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90099 037 \*\*\*150.00

**DOCUMENT # P08031**

1. Entity Name

**THE RACAL CORPORATION**

Principal Place of Business

Mailing Address

1601 N HARRISON PKWY  
 BLDG A STE 100  
 SUNRISE FL 33323-2899  
 US

PO BOX 9963  
 FORT LAUDERDALE FL 33310-0963  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1785146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<b>DIRECTOR</b>
NAME	<b>ELSBURY, DAVID C.</b>	NAME	<b>DAVID WHITTAKER</b>
STREET ADDRESS	<b>EASTHAMPS TEAD RD</b>	STREET ADDRESS	<b>EAST HAMPS TEAD RD</b>
CITY-ST-ZIP	<b>BRACKNELL, ENGLAND</b>	CITY-ST-ZIP	<b>BRACKNELL, ENGLAND</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>P</b>	TITLE	<b>President, DIRECTOR</b>
NAME	<b>MANNING, ROD</b>	NAME	<b>ROD MANNING</b>
STREET ADDRESS	<b>1601 N. HARRISON PKWY</b>	STREET ADDRESS	<b>1601 N HARRISON PKWY</b>
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	<b>SUNRISE FL 33323</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	TITLE	<b>ASST Sec</b>
NAME	<b>KOZLOWSKI, PAUL</b>	NAME	<b>DELFINA Campos</b>
STREET ADDRESS	<b>1601 N. HARRISON PKWY</b>	STREET ADDRESS	<b>1601 N HARRISON PKWY</b>
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>V</b>	TITLE	
NAME	<b>BRONSON, DANIEL B. SR.</b>	NAME	
STREET ADDRESS	<b>1601 N. HARRISON PARK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VPAT</b>	TITLE	<b>VP, Treasurer, DIRECTOR</b>
NAME	<b>DIAZ, WILLIAM R.</b>	NAME	<b>WILLIAM R. DIAZ</b>
STREET ADDRESS	<b>1601 N. HARRISON PKWY</b>	STREET ADDRESS	<b>1601 N HARRISON PKWY</b>
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William R. Diaz*  
 WILLIAM DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

(954) 846-4158

Daytime Phone #

CR2E004 (9/98)