

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08031

1. Entity Name

THE RACAL CORPORATION

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

03-28-2000 90099 037 ***150.00

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

TITLE D
NAME ELSBURY, DAVID C.
STREET ADDRESS EASTHAMPSDEAD RD
CITY-ST-ZIP BRACKNELL, ENGLAND ☒ Delete

TITLE DIRECTOR
NAME DAVID WHITTAKER
STREET ADDRESS EAST HAMPSDEAD RD
CITY-ST-ZIP BRACKNELL, ENGLAND ☐ Change ☒ Addition

TITLE P
NAME MANNING, ROD
STREET ADDRESS 1601 N. HARRISON PKWY
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE President, Director
NAME ROD MANNING
STREET ADDRESS 1601 N HARRISON PKWY
CITY-ST-ZIP SUNRISE FL 33323 ☒ Change ☐ Addition

TITLE D
NAME KOZLOWSKI, PAUL
STREET ADDRESS 1601 N. HARRISON PKWY
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

TITLE ASST Sec
NAME DELFINA Campos
STREET ADDRESS 1601 N HARRISON PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

TITLE V
NAME BRONSON, DANIEL B. SR.
STREET ADDRESS 1601 N. HARRISON PARK
CITY-ST-ZIP SUNRISE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPAT
NAME DIAZ, WILLIAM R.
STREET ADDRESS 1601 N. HARRISON PKWY
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE VP, Treasurer, Director
NAME WILLIAM R. DIAZ
STREET ADDRESS 1601 N HARRISON PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

3/23/00

(954)846-4158

CR2E004 (9/98)