2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12902

Entity Name: ANDREW SYSTEMS INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:			
3 WESTBROOK CORPORATE CENTER, SUITE 900 WESTCHESTER, IL 60154				1100 COMMSCOPE PLACE SE HICKORY, NC 28603			
Current Mailing Address:			New Mailing Ad	New Mailing Address:			
3 WESTBR WESTCHE	OOK CORPC STER, IL 601	PRATE CENTER, SUITE 900 54					
FEI Number: 3	36-3243568	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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.	·					
SIGNATUR		i- Oi		Dete			
Fl4: 0		ic Signature of Registered Agen	Į.	Date			
Election Cam	paign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEONHARDT, J	OPE PLACE S.E.	Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	WYATT, FRANK	OPE PLACE S.E.	Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	GARRETT, BRI	OPE PLACE S.E.	Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	EVP () HALLY, EDWAI 1100 COMMSO HICKORY, NC	RD A OPE PLACE S.E.	Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	HARTNETT, DA	CORPORATE CENTER, SUITE 900	Title: Name: Address: City-St-Zip:	()Change ()Addition			
Title: Name: Address: City-St-Zip:	GRAHAM, BAR	OPE PLACE S.E.	Title: Name: Address: City-St-Zip:	()Change ()Addition			

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.

	Flacture Competence of Cinning Officer on Discrete		Dete
SIGNATURE:	DANIEL J HARTNETT	VP	01/19/2009