

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19624** (6)  
1. Corporation Name  
**WAKEFIELD ELECTRONICS GROUP INC.**

Principal Place of Business <b>760 BEECHNUT DR. PITTSBURGH PA 15205</b>	Mailing Address <b>760 BEECHNUT DR. PITTSBURGH PA 15205</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>06/13/1988</b>	<b>3a. Date of Last Report</b> <b>09/04/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>41-1569607</b>	Applied For Not Applicable
<b>22</b> City & State	<b>27</b>	City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b>	Zip		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>25</b>	Country		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 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 printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, BERNARD H.</b>	1.2 NAME	
STREET ADDRESS	<b>760 BEECHNUT DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, DAVID V.</b>	2.2 NAME	
STREET ADDRESS	<b>760 BEECHNUT DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GETTER, DOUGLAS L.</b>	3.2 NAME	
STREET ADDRESS	<b>760 BEECHNUT DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, A.J. CHRISTOPHER</b>	4.2 NAME	
STREET ADDRESS	<b>760 BEECHNUT DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKTHOMPSON, BRUCE</b>	5.2 NAME	
STREET ADDRESS	<b>760 BEECHNUT DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA 15205</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:**

3 SEPT 1997 412-921-9000

CR2E034 (4/97)