PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20975

1. Corporation Name

SYMBOL TECHNOLOGIES, INC.

FILED
May 10, 1999 8:00 am
Secretary of State
05 10 1000 00100 002 ***150 00



					<u> </u>			
Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,		
1 SYMBOL PLA	ZA	1 SYMBOL PLAZA						
MS A-35		MS A-35			DO NOT WRITE IN THIS SPACE			
HOLTSVILLE NY	11742	HOLTSVILLE NY 11742 US			3. Date Incorporated or Qualifed			7
US		00			09/21/1988			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For]
21		26		11-2308681	1	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional	
22		27			5. Certificate of Status Desired	Fee F	Required]
City & State		City & State		6. Election Campaign Financing	\$5.0	0 мау Ве		
23		28		Trust Fund Contribution	Added	d to Fees	1	
Zip	Country	Zip			8. This corporation owes the current year		-3	
24	25	29 3	0		Personal Property Tax.	∐Yes	□No	-
	Name and Address of Current Registered Agent			1 Name	10. Name and Address of New Registered Agent			
i l								
	NTICE-HALL CORPORATION SYS HAYS STREET	DIEM, INC.	82 Street Addr		dress (P.O. Box Number is Not Acceptable)			1
SUIT	E 105		8:	3				1
TALL	AHASSEE FL 32301		84	4 City		85 Zip	o Code	1
					F		4	┨.
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by	y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as	registered registered	
SIGNATURE								1
31311111111	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ag	ent signature require				1 6
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			5
TITLE	CSD	☐ DELETE	1.1 TITLE			Change	e [] Addition	1 2
NAME	SWARTZ, JEROME		1.2 NAME					3
STREET ADDRESS	19 CRANE NECK ROAD		1.3 STRE	ET ADDRESS				ļ į
CITY-ST-ZIP	OLD FIELD NY		1.4 CITY-	ST-ZIP				ؤ ⊢
TITLE	P	☐ OELETE	2.1 TITLE			Change	e 🔲 Addition	
NAME	RAZMILOVIC, TOMO		2.2 NAME					
STREET ADDRESS	1 SYMBOL PLAZA		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	HOLTSVILLE NY		2. 4 CITY				- Addition	4
TITLE	VD	☐ DELETE	3.1 TITLE			Change	e	
NAME	HEIMAN, FREDERIC P.		3.2 NAME					
STREET ADDRESS	ONE BAYVIEW NO. 5		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		 _		4
TITLE	CFO	☐ DELETE	4.1 TITLE			Change	e	
NAME	Jaeggi, Kenneth V		4. 2 NAM	E				
STREET ADDRESS	6 CHEREB CT		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SETAVKET NY		4.4 CITY-	ST-ZIP				-
TITLE	SVP	☐ DELETE	5.1 TITLE	i i		Change	e	
NAME	FELDT, RICK		5.2 NAME	1				1
STREET ADDRESS	1 SYMBOL PLAZA		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	HOLTSVILLE NY		5.4 CITY-					1
TITLE	V	☐ DELETE	6.1 TITLE			Change	e Addition	
NAME	Burke, Brian T.		6.2 NAME					
STREET ADDRESS	112 NORTON AVE		6.3 STRE	ET ADORESS				
. i	C MOSTUBORT NIV		E 4 CITY	CT ZID				i

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 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, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

SYMBOL TECHNOLOGIES, INC. LIST OF OFFICERS

P20975 532235901293

NAME, TITLE, BUSINESS ADDRESS & SOCIAL SECURITY NUMBER

HOME ADDRESS

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SYMBOL TECHNOLOGIES, INC. BOARD OF DIRECTORS

P20975 532235901293

NAME, SOCIAL SECURITY NUMBER & BUSINESS ADDRESS

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P20975 532235901293

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P20975 532235901293

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