

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P20975**

1. Entity Name
Symbol Technologies, Inc.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 017 ***550.00

Principal Place of Business
One Symbol Plaza
MS A-35
Holtsville, NY 11742

Mailing Address
One Symbol Plaza
MS A-35
Holtsville, NY 11742

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
11-2308681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
The Prentice Hall System, Inc.
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **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

TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Dr. Jerome Swartz	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	
TITLE	President + CEO	<input type="checkbox"/> Delete
NAME	TOMO RAZMILOVIC	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Kenneth V. Jacaggi	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	
TITLE	Sr. VP - Operations	<input type="checkbox"/> Delete
NAME	Brian T. Burke	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	
TITLE	Sr. VP	<input type="checkbox"/> Delete
NAME	Richard Bravman	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	
TITLE	Sr. VP	<input type="checkbox"/> Delete
NAME	Ronald Goldman	
STREET ADDRESS	One Symbol Plaza	
CITY-ST-ZIP	Holtsville, NY 11742-1300	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/00 631-738-2400
Date Daytime Phone #

CR2E034 (9/99)