

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90331 045 \*\*\*150.00

**DOCUMENT # P20975**

1. Entity Name  
**SYMBOL TECHNOLOGIES, INC.**

Principal Place of Business Mailing Address  
**1 SYMBOL PLAZA** **1 SYMBOL PLAZA**  
**MS A-35** **MS A-35**  
**HOLTSVILLE NY 11742** **HOLTSVILLE NY 11742**  
**US** **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **CD** ☐ Delete  
 NAME **SWARTZ, JEROME**  
 STREET ADDRESS **199 OLD FIELD ROAD**  
 CITY-ST-ZIP **OLD FIELD NY 11733**

TITLE **PD** ☒ Delete  
 NAME **RAZMILOVIC, TOMO**  
 STREET ADDRESS **6 TINKER BLUFF COURT**  
 CITY-ST-ZIP **POQUOTT NY 11733**

TITLE **SVP** ☐ Delete  
 NAME **GOLDNER, LEONARD**  
 STREET ADDRESS **7 VALENTINE COURT**  
 CITY-ST-ZIP **COLD SPRING HARBOR NY 11724**

TITLE **CFO** ☐ Delete  
 NAME **JAEGGI, KENNETH V**  
 STREET ADDRESS **6 CHEREB CT**  
 CITY-ST-ZIP **SETAVKET NY**

TITLE **SVP** ☐ Delete  
 NAME **GOLDMAN, RONALD**  
 STREET ADDRESS **42 GOOSE HILL ROAD**  
 CITY-ST-ZIP **COLD SPRING HARBOR NY 11724**

TITLE **V** ☐ Delete  
 NAME **BURKE, BRIAN T.**  
 STREET ADDRESS **112 NORTON AVE**  
 CITY-ST-ZIP **E NORTHPORT NY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
 NAME **President**  
 STREET ADDRESS **Richard Bravman**  
 CITY-ST-ZIP **6 Oak Meadow Lane**  
**Carmel Valley, CA**

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

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

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

TITLE ☐ Change ☐ 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: Kenneth V. Jeggi **CFO** 4/29/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)