

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 049 ***150.00

0618670 AT

DOCUMENT # P20975

1. Entity Name
SYMBOL TECHNOLOGIES, INC.



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

Mailing Address
**1 SYMBOL PLAZA
MS A-35
HOLTSVILLE NY 11742
US**



2. Principal Place of Business
one Symbol Plaza
Suite, Apt. #, etc.

3. Mailing Address
One Symbol Plaza
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Holtsville, NY
Zip
11742-1300
Country
USA

City & State
Holtsville, NY
Zip
11742-1300
Country
USA

4. FEI Number **11-2308681**

Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWARTZ, JEROME 199 OLD FIELD ROAD OLD FIELD NY 11733 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAVMAN, RICHARD 6 OAK MEADOW LANE CARMEL VALLEY CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOLDNER, LEONARD 7 VALENTINE COURT COLD SPRING HARBOR NY 11724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JAEGGI, KENNETH V 6 CHEREB CT SETAVKET NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOLDMAN, RONALD 42 GOOSE HILL ROAD COLD SPRING HARBOR NY 11724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, BRIAN T. 112 NORTON AVE E NORTHPORT NY <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P William Nuti 649 Moriches Road Nissequoque, NY 11780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CFO Mark Greenquist one symbol Plaza Holtsville, NY 11742-1300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CEO Richard Bravman 1 Weatherstone way Smithtown, NY 11787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mark Greenquist 5/1/03 (631) 738-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)