

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P26632

1. Entity Name
COMTECH ANTENNA SYSTEMS, INC.



Principal Place of Business
**3100 COMMUNICATIONS ROAD
ST. CLOUD, FL 34769**

Mailing Address
**3100 COMMUNICATIONS ROAD
ST. CLOUD, FL 34769**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2968936

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BURT, RICHARD L
STREET ADDRESS	3100 COMMUNICATIONS RD.
CITY - ST - ZIP	ST. CLOUD, FL
TITLE	PD
NAME	CHRISTY, THOMAS
STREET ADDRESS	3100 COMMUNICATIONS RD.
CITY - ST - ZIP	ST. CLOUD, FL
TITLE	CD
NAME	KORNBERG, FRED
STREET ADDRESS	105 BAYLIS RD
CITY - ST - ZIP	MELVILLE, NY
TITLE	D
NAME	ROUSE, ROBERT G
STREET ADDRESS	105 BAYLIS RD
CITY - ST - ZIP	MELVILLE, NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000374672
07/27/05-80003-005 150.00

U00000374819
07/28/05-80004-012 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

407-892-6111

Daytime Phone #