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FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P30545 (8)

1. Corporation Name  
EDS TECHNICAL PRODUCTS CORPORATION

Principal Place of Business

5400 LEGACY DR (STAX)  
H1 4A 66  
PLANO TX 75024

Mailing Address

5400 LEGACY DR (STAX)  
H1 4A 66  
PLANO TX 75024-3105



3. Date Incorporated or Qualified 08/09/1990  
3a. Date of Last Report 04/02/1996

4. FEI Number 74-2152112  
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERTHAL, LESTER M. JR.	
STREET ADDRESS	5400 LEGACY DR.	
CITY-ST-ZIP	PLANO TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BUCHANAN, JAMES P	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENAC, WILLIAM P	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO TX	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CAPPS, R. RANDALL	
STREET ADDRESS	5400 LEGACY DR	
CITY-ST-ZIP	PLANO TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEIGHBORS, ROBERT L.	
STREET ADDRESS	5400 LEGACY DR.	
CITY-ST-ZIP	PLANO TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASTLE, JOHN R., JR.	
STREET ADDRESS	5400 LEGACY DR.	
CITY-ST-ZIP	PLANO TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT
6.3 STREET ADDRESS	GARTON, BARBARA
6.4 CITY-ST-ZIP	5400 LEGACY DRIVE PLANO TX

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BARBARA GARTON

4-2-97 (1972) 605-1200  
Date Daytime Phone #

CR2E034 (9/96)