

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

| PROFIT CORPORATION ANNUAL REPORT 1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Martham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                            |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P35350 (8)</b><br>1. Corporation Name<br><b>ELECTRONIC SUPPORT SYSTEMS CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                               |                                                                   |
| Principal Place of Business<br><b>475 INDUSTRIAL DRIVE<br/>WEST CHICAGO IL 60185</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | Mailing Address<br><b>475 INDUSTRIAL DRIVE<br/>WEST CHICAGO IL 60185</b>                                                                                      |                                                                   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                      |                                                                   |
| 3. Date Incorporated or Qualified<br><b>09/04/1991</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 3a. Date of Last Report<br><b>10/13/1995</b>                                                                                                                  |                                                                   |
| 4. FEI Number<br><b>36-3350392</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Applied For<br>Not Applicable                                                                                                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                                         |                                                                   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | <b>\$5.00 May Be Added to Fees</b>                                                                                                                            |                                                                   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                               |                                                                   |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |                                                                   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____<br><small>Signature typed or printed name of person signing and the corporation</small> <small>Signature typed or printed name of registered agent and the corporation</small> <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                                                               |                                                                   |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92                                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PS<br/>KUMAR, SHALABH<br/>475 INDUSTRIAL DRIVE<br/>WEST CHICAGO IL</b> <input type="checkbox"/> DELETE     | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>CD<br/>KUMAR, SHALABH<br/>475 INDUSTRIAL DRIVE<br/>WEST CHICAGO IL</b> <input type="checkbox"/> DELETE     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>AS<br/>JOSEPHSON, EDWIN J.<br/>225 W WASHINGTON ST,1300<br/>CHICAGO IL</b> <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>AS<br/>KRADLE, KATHY<br/>475 INDUSTRIAL PLACE<br/>WEST CHICAGO FL</b> <input type="checkbox"/> DELETE      | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> DELETE                                                                               | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> DELETE                                                                               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 or changed, or on an attachment with an address. |                                                                                                               |                                                                                                                                                               |                                                                   |
| SIGNATURE: <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 7/2/96 708-668-3900<br>Date: <i>[Signature]</i> <i>[Signature]</i><br>Digital Phone #                                                                         |                                                                   |

CR2E034 (12/95)