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May 03, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39056

1. Corporation Name
INFOPOWER, INC.

Principal Place of Business
**1500 N.W. 22ND AVENUE
BOYNTON BEACH FL 33426-8292**

Mailing Address
**C/O MOTOROLA, INC. TAX DEPT
1303 E ALGONQUIN RD
SCHAUMBURG IL 60196
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1992

4. FEI Number
98-0873885

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

☐ DELETE

T
NAME
MILNE, GARTH
STREET ADDRESS
1303 E. ALGONQUIN ROAD
CITY-ST-ZIP
SCHAUMBURG IL

S
NAME
LAWSON, A. PETER
STREET ADDRESS
1303 E ALGONQUIN RD
CITY-ST-ZIP
SCHAUMBURG IL

AS
NAME
DYBALA, RAY A.
STREET ADDRESS
1303 E. ALGONQUIN ROAD
CITY-ST-ZIP
SCHAUMBURG IL

P
NAME
LAYDEN, DOMINIC
STREET ADDRESS
1303 E. ALGONQUIN RD
CITY-ST-ZIP
SCHAUMBURG IL 60196

VP
NAME
KOENEMANN, CARL F.
STREET ADDRESS
1303 E. ALGONQUIN RD
CITY-ST-ZIP
SCHAUMBURG IL 60196

VP
NAME
WEBB, JANIECE S.
STREET ADDRESS
1303 E. ALGONQUIN RD
CITY-ST-ZIP
SCHAUMBURG IL 60196

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **RAY A. DYBALA, SECRETARY** APR 23 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)