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FILED

Jun 16 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 # P39245

(6)

1. Corporation Name  
LXE, INC.

Principal Place of Business  
303 RESEARCH DRIVE  
NORCROSS GA 30092  
US

Mailing Address  
P.O. BOX 7700  
NORCROSS GA 30091-7700



2. Principal Place of Business

21 125 Technology Pkwy.

22 Suite, Apt. #, etc.

23 City & State

23 Norcross GA

24 Zip

24 30092

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Norcross GA

29 Zip

29 30092

Country

3. Date Incorporated or Qualified  
06/15/1992

3a. Date of Last Report  
04/29/1996

4. FEI Number  
58-1829757

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

9. Name and Address of Current Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
FARRELL, JOHN J.  
1803 BALLY BUNYON DRIVE  
DULUTH GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
SHARON, THOMAS E.  
660 ENGINEERING DRIVE  
NORCROSS GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
JACOBS, WILLIAM S  
2041 STARFIRE DR NE  
ATLANTA GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SCARTZ, DON T  
2455 ROXBURGH DRIVE  
ROSWELL GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STANKARD, FRANCIS X.  
48 BLACKHAWK COURT  
HOLMDEL NJ

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
EVANS, WILLIAM F  
1020 W. 55TH STREET  
KANSAS CITY MO

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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 of Registered Agent

6/9/97 770-447-4224

CR2E034 (9/96)