FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

'95 APR 18 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066845 (7)**

1. Corporation Name

US COMMTECH CORPORATION

Principal Place of Business	Mailing Address
6103 FORT CAROLINE ROAD JACKSONVILLE FL 32211	6103 FORT CAROLINE ROAD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1993	07/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 59-3216222 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUKATI, A S
5529 BRADSHAW STREET
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

61 Name

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

63

64 City **FL** 65 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 _____ DATE 4-15-95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD	11 TITLE	☐ Change ☐ Addition
NAME	SAMAD, MUKATI A.	12 NAME	
STREET ADDRESS	132C	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	[redacted]	21 TITLE	[redacted] / DIRECTOR ☒ Change ☐ Addition
NAME	SHUJA, FAYYAZ A	22 NAME	V. PRESIDENT / DIRECTOR
STREET ADDRESS	653 MONUMENT ROAD APT. 1412	23 STREET ADDRESS	SHUJA FAYYAZ A.
CITY-ST-ZIP	JACKSONVILLE FL 32211	24 CITY-ST-ZIP	5529 BRADSHAW ST JAX FLA 32277
TITLE	[redacted]	31 TITLE	SECRETARY / DIRECTOR ☒ Change ☐ Addition
NAME	SHAH, ZULFGAR A	32 NAME	SHAH, ZULFIQAR A
STREET ADDRESS	5529 BRADSHAW STREET	33 STREET ADDRESS	5529 BRADSHAW ST
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JAX. FLA 32277
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 (changed), or on an attachment with an address.

SIGNATURE: _____ 4/15/95 (Date) 904 744 2252 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0093000 CP