FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000034898 (4)**

1. Corporation Name
THE MAXWELL CORPORATION OF TAMPA BAY

Principal Place of Business
10402 NORTH 27TH STREET
TAMPA FL 33612

Mailing Address
P.O. BOX 280486
TAMPA FL 33682

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 04/11/1995

4. FEI Number: 59-3242323 ☐ 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 11013 SPRINGRIDGE DR
22 Suite, Apt. #, etc.
23 City & State: TAMPA FLA
24 Zip: 33624 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
MARAJ, SUDESH
10402 NORTH 27TH STREET
TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11013 SPRINGRIDGE DR
83 TA
84 City: TAMPA FL 85 Zip Code: 33624

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] SUDESH MARAJ PRESIDENT DATE: 4-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARAJ, SUDESH	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	☐ DELETE
NAME	AKIN, LAURA	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	☐ DELETE
NAME	CARTER, SUCHILLA M	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	☐ DELETE
NAME	MAHARAJ, SARAH	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	☐ DELETE
NAME	MARAJ, TARA	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	11013 SPRINGRIDGE DR	
1.4 CITY-ST-ZIP	TAMPA FLA 33624	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	MARAJ LAURA	
2.3 STREET ADDRESS	11013 SPRINGRIDGE DR	
2.4 CITY-ST-ZIP	TAMPA FLA 33624	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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 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)(k), 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] PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-96 Daytime Phone #: 813-269-0077

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