

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90027 016 \*\*\*150.00

<b>DOCUMENT # P95000046906</b> 1. Entity Name <b>SV MICROWAVE COMPONENTS GROUP, INC.</b>					
Principal Place of Business <b>358 HALL AVE. WALLINGFORD, CT 06492</b>			Mailing Address <b>358 HALL AVE. WALLINGFORD, CT 06492</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>(SEE SHEET ATTACHED FOR ALL OFFICERS &amp; DIRECTORS)</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	GM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, W. C.		NAME		
STREET ADDRESS	2400 CENTREPARK WEST DR STE 100		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	CP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLAIANNI, WILLIAM R		NAME	Martin H. Loeffler	
STREET ADDRESS	630 THIRD AVENUE, 7TH FLOOR		STREET ADDRESS	358 Hall Avenue	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	Wallingford, CT 06492	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	SVP & CFO D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KATREAGADDA, SUBRAMANIAM		NAME	Diana G. Reardon	
STREET ADDRESS	2400 CENTREPARK WEST DR., STE. 100		STREET ADDRESS	358 Hall Avenue	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	Wallingford, CT 06492	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Edward C. Wetmore</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>EDWARD C. WETMORE</b> <small>Date</small>		
			<b>1/17/06 203/265-8900</b> <small>Daytime Phone #</small>		

60007111



01162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0946475**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

60007111  
#P95000046906

**SV MICROWAVE COMPONENTS GROUP, INC.**

**OFFICERS:**

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>	<u>HOME ADDRESS</u>
Martin H. Loeffler	Chairman, President & CEO	358 Hall Avenue Wallingford, CT 06492	187 East Shore Road Morris, CT 06763
Diana G. Reardon	Sr. VP & CFO	358 Hall Avenue Wallingford, CT 06492	25 Freedom Way Glastonbury, CT 06033
R. Adam Norwitt	Vice President	4 Old Newtown Road Danbury, CT 06810	34 Griffith Lane Ridgefield, CT 06877
W.C. (Bill) Martin	General Manager	2400 Centrepark W. Drive W. Palm Beach, FL 33409	2010 LaPorte Drive Palm Beach Gardens, FL 33410
Christian (CJ) Janney	Controller	2400 Centrepark W. Drive W. Palm Beach, FL 33409	319 Westminster Place West Palm Beach, FL 33405
Craig A. Lampo	Treasurer	358 Hall Avenue Wallingford, CT 06492	163 Stagecoach Road Durham, CT 06422
Edward C. Wetmore	Secretary & General Counsel	358 Hall Avenue Wallingford, CT 06492	4 Shelton Terrace Trumbull, CT 06611
David J. Jositas	Asst. Treasurer	358 Hall Avenue Wallingford, CT 06492	180 Shelton Road Trumbull, CT 06611
Plinio Perez	Asst. Secretary	358 Hall Avenue Wallingford, CT 06492	240 Crest Terrace Fairfield, CT 06852

**DIRECTORS:**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>HOME ADDRESS</u>
Martin H. Loeffler	358 Hall Avenue Wallingford, CT 06492	187 East Shore Road Morris, CT 06763
Diana G. Reardon	358 Hall Avenue Wallingford, CT 06492	25 Freedom Way Glastonbury, CT 06033