

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11841

Entity Name: PARKERVISION, INC.**Current Principal Place of Business:**7915 BAYMEADOWS WAY
SUITE 400
JACKSONVILLE, FL 32256**Current Mailing Address:**7915 BAYMEADOWS WAY
SUITE 400
JACKSONVILLE, FL 32256 US**FEI Number:** 59-2971472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOLPE, TIMOTHY WESQ.
501 RIVERSIDE AVE., 7TH FLOOR
JACKSONVILLE, FL 32202 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	PARKER, JEFFREY
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	DCTO
Name	SORRELS, DAVID
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	METCALF, JOHN
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	HIGHTOWER, WILLIAM
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	STERNE, ROBERT G
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFO
Name	POEHLMAN, CYNTHIA L
Address	7915 BAYMEADOWS WAY, STE 400
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA POEHLMAN**CHIEF FINANCIAL
OFFICER****01/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date