

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:07**

**DOCUMENT # 852139 (5)**

1. Corporation Name  
**RACAL RECORDERS INC.**

Principal Place of Business  
**15375 BARRANCA PARKWAY  
SUITE H101-104  
IRVINE CA 92718  
US**

Mailing Address  
**P.O. BOX 407044 MS-0218--  
FT. LAUDERDALE FL 33407--  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/10/1982**

3a. Date of Last Report  
**04/25/1994**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

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

**MS-D109**

**33346-7044**

4. FEI Number  
**52-1144075**

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  
**CT CORPORATION SYSTEM  
1200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD POOLE, DAVID 15375 BARRANCA PARKWAY, H101-104 IRVINE CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP CUMMINGS, JOHN 15375 BARRANCA PARKWAY, H101-104 IRVINE CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARPENTER JR., J.E. 1601 N HARRISON PKWY SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS VINAS, SARA 1601 N HARRISON PKWY SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASAT KALAHAR, CAROL 15375 BARRANCA PARKWAY, H101-104 IRVINE CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT FINGEROQT, FRANCES 1601 N. HARRISON PKWY. SUNRISE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 this corporation or its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am just, or on an attachment with an address.

SIGNATURE: DAVID A. BOWIE 3/6/95 (305) 846-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RACAL RECORDERS, INC.**  
**FEI NUMBER: 52-1144075**  
**ATTACHMENT TO CORPORATION ANNUAL REPORT**  
**STATE OF FLORIDA**

**OFFICERS**  
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7.1	TITLE	A/T
7.2	NAME	DAVID A. BOWIE
7.3	STREET ADDRESS	1601 N. HARRISON PARKWAY
7.4	CITY-ST-ZIP	SUNRISE, FLORIDA 33323
8.1	TITLE	A/T
8.2	NAME	WILLIAM DIAZ
8.3	STREET ADDRESS	1601 N. HARRISON PARKWAY
8.4	CITY-ST-ZIP	SUNRISE, FLORIDA 33323