

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

1.2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852139 (5)**

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



Principal Place of Business <b>15375 BARRANCA PARKWAY                  SUITE H101-104                  IRVINE CA 92718                  US</b>	Mailing Address <b>P O BOX 407044                  MS-D109                  FT. LAUDERDALE FL 33340-7044                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>MS-A127</b> City & State 28 Zip 29	3. Date Incorporated or Qualified <b>03/10/1982</b>	3a. Date of Last Report <b>03/17/1995</b>
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4. FEL Number <b>52-1144075</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code <b>FL</b>
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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 typed or printed name of registered agent (above) in all locations. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 as an attachment with an address.

SIGNATURE: DAVID A. BOWIE 4/19/96 (305) 846-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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 / A/Sec
8.2	NAME	WILLIAM DIAZ
8.3	STREET ADDRESS	1601 N. HARRISON PARKWAY
8.4	CITY-ST-ZIP	SUNRISE, FLORIDA 33323