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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90223 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 852139

1. Corporation Name
RACAL RECORDERS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
480 SPRING PARK PLACE
SUITE 1000
HERNDON VA 20170
US

Mailing Address
P O BOX 407044
MS-A127
FT. LAUDERDALE FL 33340-7044
US

3. Date Incorporated or Qualified
03/10/1982

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24
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 26
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 28
 29
 30

2a. Mailing Address
PO Box 9963

City & State
FT. LAUDERDALE, FL

Zip Country
33340-9963 US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEMPSON, DAVID	
STREET ADDRESS	480 SPRING PARK PLACE	
CITY-ST-ZIP	HERNDON VA 20170	
TITLE	ATAS	<input type="checkbox"/> DELETE
NAME	DIAZ, WILLIAM	
STREET ADDRESS	1601 HARRISON PKWY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MYOTT, SCOTT	
STREET ADDRESS	1601 HARRISON PKWY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FINGEROOT, FRANCES	
STREET ADDRESS	1601 N. HARRISON PKWY.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES Park	
1.3 STREET ADDRESS	480 Spring Park Place	
1.4 CITY-ST-ZIP	HERNDON, VA 20170	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IAN CUNNINGHAM	
2.3 STREET ADDRESS	480 Spring Park Place	
2.4 CITY-ST-ZIP	HERNDON, VA 20170	
3.1 TITLE	Treas & AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Teeri Mullings	
3.3 STREET ADDRESS	480 Spring Park Place	
3.4 CITY-ST-ZIP	HERNDON, VA 20170	
4.1 TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DELFINA Campos	
4.3 STREET ADDRESS	1601 N HARRISON PKWY	
4.4 CITY-ST-ZIP	SUNRISE, FL 33323	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *WILLIAM R. DIAZ*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

954-846-4158

Date

Daytime Phone #

CR2E034 (1/1/98)