2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F04000005044

1. Entity Name HERLEY - RSS, INC.

Principal Place of Business

91 EAST DRIVE MELBOURNE, FL 32904 Mailing Address

91 EAST DRIVE

MELBOURNE, FL 32904

FILED Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90152 010 ***150.00

50009067



DATE

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02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1529679

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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the oblig	ations of registered agent.	ing its redistered critice of redistered adeut' of por	n, in the State of Florida.	I am familiar with, ar	nd accept
SIGNATURE					
•	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

8. The above named entity submits this statement for the name

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS DP TITLE LEVY, MYRON NAME STREET ADDRESS 101 NORTH POINT BLVD. CITY-ST-7IP LANCASTER, PA 176014133 NAME THONET, JOHN A STREET ADDRESS 101 NORTH POINT BLVD. CITY-ST-ZIP LANCASTER, PA 176014133 KELLEY, JOHN NAME STREET ADDRESS 101 NORTH POINT BLVD. C!TY-ST-ZIP LANCASTER, PA 176014133 TITLE NAME GAREFINO, ANELLO C STREET ADDRESS 101 NORTH POINT BLVD. CITY-ST-ZIP LANCASTER, PA 176014133 TITLE NAME PEREZ-FALCON, ANTONIO STREET ADDRESS 91 EAST DRIVE CITY-ST-ZIP MELBOURNE, FL 32904 TITLE NAME

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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.

SIGNATURE

STREET ADDRESS CITY - ST-ZIP

ANTONIO

4306