FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F96000000447 (0)

1. Corporation Name
MIC TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
797 TURNPIKE ST N ANDOVER MA 01845	797 TURNPIKE ST N ANDOVER MA 01845-6120

3. Date Incorporated or Qualified: **01/26/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **75-1841372** ☐ Applied For ☐ Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature may be either printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE: PRESIDENT	☐ Change ☒ Addition
NAME	INGHAM, LAWRANCE A		1.2 NAME: BRIAN MITCHELL	
STREET ADDRESS	851 FRANKLIN LAKE RD		1.3 STREET ADDRESS: 120 CHAMPION ROAD	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417		1.4 CITY-ST-ZIP: N. ANDOVER, MA 01845	
TITLE	DVS	☒ DELETE	2.1 TITLE: DIRECTOR, VICE PRESIDENT	☐ Change ☒ Addition
NAME	RISTAGNO, CHARLES V		2.2 NAME: MICHAEL GORIN	
STREET ADDRESS	797 TURNPIKE ST		2.3 STREET ADDRESS: 112B E. LONG BEACH ROAD	
CITY-ST-ZIP	N ANDOVER MA 01845		2.4 CITY-ST-ZIP: NISSEQUOGUE, NY 11780	
TITLE	D	☒ DELETE	3.1 TITLE: DIRECTOR, SECRETARY	☐ Change ☒ Addition
NAME	GREER, CHARLES H		3.2 NAME: LEONARD BOROW	
STREET ADDRESS	7041 ALMADEN LN		3.3 STREET ADDRESS: 125 RODEO DRIVE	
CITY-ST-ZIP	CARLSBAD CA 92009		3.4 CITY-ST-ZIP: OYSTER BAY COVE, NY 11791	
TITLE		☐ DELETE	4.1 TITLE: DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME: HARVEY BLAU	
STREET ADDRESS			4.3 STREET ADDRESS: 125 WHEATLEY ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP: OLD WESTBURY, NY 11568	
TITLE		☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME			5.2 NAME:	
STREET ADDRESS			5.3 STREET ADDRESS:	
CITY-ST-ZIP			5.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME			6.2 NAME:	
STREET ADDRESS			6.3 STREET ADDRESS:	
CITY-ST-ZIP			6.4 CITY-ST-ZIP:	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Brian J. Mitchell BRIAN MITCHELL 2/7/97 (508)687-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #