

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826385

Entity Name: ATK THIOKOL INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

9160 N HWY 83
PO BOX 707
BRIGHAM CITY, UT 843020707 US

New Principal Place of Business:

Current Mailing Address:

ATTN: DICK POWELL
5050 LINCOLN DRIVE
MINNEAPOLIS, MN 554361097 US

New Mailing Address:

FEI Number: 36-2678716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCCF () Delete
Name: RANGEN, ERIC S
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

Title: VSD () Delete
Name: ROSS, KEITH D
Address: 5050 LINCOLN DRIVE
City-St-Zip: MINNEAPOLIS, MN 554361097 US

Title: V () Delete
Name: MCREAVY, ROBERT J
Address: 5050 LINCOLN DR
City-St-Zip: MINNEAPOLIS, MN 554361097 US

Title: VT () Delete
Name: PEET, DAVID H
Address: 8400 W 5000 S
City-St-Zip: MAGNA, UT 840440098 US

Title: V () Delete
Name: BELL, MICHAEL L
Address: 9160 N HWY 83
City-St-Zip: BRIGHAM CITY, UT 843020707 US

Title: D (X) Delete
Name: VLAHAKIS, NICHOLAS G
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCF (X) Change () Addition
Name: SHROYER, JOHN L
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

Title: CVSD (X) Change () Addition
Name: ROSS, KEITH D
Address: 5050 LINCOLN DRIVE
City-St-Zip: MINNEAPOLIS, MN 554361097 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH D. ROSS

Electronic Signature of Signing Officer or Director

CVSD

04/24/2006

_____ Date