# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2003 8:00 am**
**Secretary of State**
05-02-2003 90231 022 ***150.00

0650184 AT

DOCUMENT # 826385

1. Entity Name
ATK AEROSPACE COMPANY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ATK AEROSPACE COMPANY, INC.<br>9160 NORTH HWY 83<br>BRIGHAM CITY UT 84302 | ALLIANT TECHSYSTEMS<br>5050 LINCOLN DR. MN01-3090<br>MINNEAPOLIS MN 55436-1097 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 201 S. Main Street | ATTN: Dick Powell |
| Suite, Apt. #, etc.<br>Suite 400 | Suite, Apt. #, etc.<br>5050 Lincoln Drive |
| City & State<br>Salt Lake City, UT | City & State<br>Edina, MN |
| Zip / Country<br>84111 / USA | Zip / Country<br>55436-1097 / US |

11034977

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-2678716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FOOTE, JEFFERY O<br>201 S MAIN ST, STE 400<br>SALT LAKE CITY UT 84111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>HITE, PERRI A<br>5050 LINCOLN DR<br>MINNEAPOLIS MN 55436-1097 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/S/D<br>Ann D. Davidson<br>5050 Lincoln Drive<br>Edina, MN 55436-1097 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MCREAVY, ROBERT J<br>5050 LINCOLN DR<br>MINNEAPOLIS MN 55436-1097 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>AYERS, MICHAEL R<br>201 S MAIN ST #400<br>SALT LAKE CITY UT 84111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BELL, MICHAEL L<br>201 S MAIN ST #400<br>SALT LAKE CITY UT 84111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CAMPBELL, TRAVIS E<br>BLDG C14 FREEPORT CTR POB 160433<br>CLEARFIELD MT 84016 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 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:** Ann D. Davidson REQUIRED Ann D. Davidson 4/24/2003 952-351-2869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #