

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P36738** (3)  
1. Corporation Name  
**TRACOR APPLIED SCIENCES, INC.**



Principal Place of Business: **1601 RESEARCH BLVD. ROCKVILLE MD 20850**  
Mailing Address: **6500 TRACOR LANE AUSTIN TX 78725-2000 US**

3. Date Incorporated or Qualified: **12/18/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **52-1754315**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-84) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                    |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                   |  |
|---|----------------------------|---|--|
| TITLE: <b>P</b>                               | <b>HAMILTON, K. BRUCE</b>  | 1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS: <b>6500 TRACOR LN</b>         |                            | 1.2 NAME:   |  |
| CITY- ST- ZIP: <b>AUSTIN TX</b>               |                            | 1.3 STREET ADDRESS: <b>1601 RESEARCH BLVD</b>   |  |
| TITLE: <b>VP</b>                              | <b>FLOYD, ROBERT K.</b>    | 1.4 CITY- ST- ZIP: <b>ROCKVILLE MD 20850</b>  |  |
| STREET ADDRESS: <b>6500 TRACOR LANE</b>       |                            | 2.1 TITLE: <b>VICE PRES/DIRECTOR</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY- ST- ZIP: <b>AUSTIN TX</b>               |                            | 2.2 NAME: <b>JAMES B. SKAGGS</b>  |  |
| TITLE: <b>VP</b>                              | <b>TALBOTT, THOMAS V.</b>  | 2.3 STREET ADDRESS: <b>6500 TRACOR LANE</b>   |  |
| STREET ADDRESS: <b>6500 TRACOR LANE</b>       |                            | 2.4 CITY- ST- ZIP: <b>AUSTIN, TX 78725</b>  |  |
| CITY- ST- ZIP: <b>AUSTIN TX</b>               |                            | 3.1 TITLE: <b>VICE PRES/TREASURER</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>VP</b>                              | <b>PAINTON, RUSSELL E.</b> | 3.2 NAME:   |  |
| STREET ADDRESS: <b>6500 TRACOR LANE</b>       |                            | 3.3 STREET ADDRESS:   |  |
| CITY- ST- ZIP: <b>AUSTIN TX</b>               |                            | 3.4 CITY- ST- ZIP:  |  |
| TITLE: <b>AS</b>                              | <b>MURRAY, W. MICHAEL</b>  | 4.1 TITLE: <b>VICE PRES/SECRETARY</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <b>6500 TRACOR LANE</b>       |                            | 4.2 NAME:   |  |
| CITY- ST- ZIP: <b>AUSTIN TX</b>               |                            | 4.3 STREET ADDRESS:   |  |
| TITLE: <b>AS</b>                              | <b>JOHNSON, PAMELA R.</b>  | 4.4 CITY- ST- ZIP:  |  |
| STREET ADDRESS: <b>402 COTTONWOOD PARKWAY</b> |                            | 5.1 TITLE: <b>AT</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY- ST- ZIP: <b>CALIFORNIA MD</b>           |                            | 5.2 NAME: <b>STEVEN E. THOMPSON</b>   |  |
|   |                            | 5.3 STREET ADDRESS: <b>6500 TRACOR LANE</b>   |  |
|   |                            | 5.4 CITY- ST- ZIP: <b>AUSTIN TX 78725</b>   |  |
|   |                            | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **RUSSELL E. PAINTON, VP/S** *[Signature]* **STEVE THOMPSON, AT**  
4/25/96  
512/929-4682

CR2E034 (12/95)