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FILED

**May 15 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 # P36738

(3)

1. Corporation Name
TRACOR APPLIED SCIENCES, INC.



Principal Place of Business

**1801 RESEARCH BLVD.
ROCKVILLE MD 20850**

Mailing Address

**6500 TRACOR LANE
AUSTIN TX 78725-2151
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
05/01/1996

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

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 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 607.1506, 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: If registered agent signature required when filing, attach.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **HAMILTON, K. BRUCE**
STREET ADDRESS **1801 RESEARCH BLVD**
CITY-ST-ZIP **ROCKVILLE MD**

TITLE **VP** DELETE
NAME **FLOYD, ROBERT K.**
STREET ADDRESS **6500 TRACOR LANE**
CITY-ST-ZIP **AUSTIN TX**

TITLE **VPT** DELETE
NAME **TALBOTT, THOMAS V.**
STREET ADDRESS **6500 TRACOR LANE**
CITY-ST-ZIP **AUSTIN TX**

TITLE **VPS** DELETE
NAME **PANTON, RUSSELL E.**
STREET ADDRESS **6500 TRACOR LANE**
CITY-ST-ZIP **AUSTIN TX**

TITLE **AS** DELETE
NAME **MURRAY, W. MICHAEL**
STREET ADDRESS **6500 TRACOR LANE**
CITY-ST-ZIP **AUSTIN TX**

TITLE **AS** DELETE
NAME **JOHNSON, PAMELA R.**
STREET ADDRESS **402 COTTONWOOD PARKWAY**
CITY-ST-ZIP **CALIFORNIA MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR/VICE PRES.** Change Addition
1.2 NAME **SKAGGS, JAMES B.**
1.3 STREET ADDRESS **6500 TRACOR LANE**
1.4 CITY-ST-ZIP **AUSTIN TX 78725**

2.1 TITLE Change Addition
2.2 NAME **ASSISTANT TREASURER**
2.3 STREET ADDRESS **STEVEN E. THOMPSON**
2.4 CITY-ST-ZIP **6500 TRACOR LANE**
AUSTIN, TX 78725

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(c), 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 checked, or on an attachment with an address.

SIGNATURE:

5/15/97 (512) 929-4682

CR2E034 (9/96)