

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90076 026 ***150.00

0576903

DOCUMENT # P94000031636

1. Entity Name

ROCKWELL COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

1700 OLD MEADOW RD.
 3RD FLR.
 MCLEAN VA 22102

1700 OLD MEADOW RD.
 3RD FLR.
 MCLEAN VA 22102

B0044175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0315300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLOTKIN, DAVID P
4601 SHERIDAN ST.
6TH FLR
HOLLYWOOD FL 33021

Name **NEIL L. HAZARD**

Street Address (P.O. Box Number is Not Acceptable)
1300 SAWGRASS CORPORATE PARKWAY

SUITE #250

City **SUNRISE**

FL

Zip Code **33323**

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.

SIGNATURE

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

NEIL L. HAZARD TREASURER

(NOTE: Registered Agent signature required when reinstating)

4/16/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **SUNGH, K. PAUL**
 STREET ADDRESS **1700 OLD MEADOW RD., 3RD FLR.**
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE Change Addition
 NAME **SINGH, K. PAUL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SLOTKIN, DAVID P**
 STREET ADDRESS **4601 SHERIDAN ST., 6TH FLR.**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **DEPODESTA, JOHN**
 STREET ADDRESS **1700 OLD MEADOW RD., 3RD FLR.**
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HAZARD, NEIL**
 STREET ADDRESS **1700 OLD MEADOW RD., 3RD FLR.**
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE Change Addition
 NAME
 STREET ADDRESS **1300 SAWGRASS CORPORATE PARKWAY STE #250**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL HAZARD 4/16/01 703 902 800

Date

Daytime Phone #

CR2E034 (10/00)