


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Jul 22, 2004 8:00 am  
Secretary of State**

07-22-2004 90004 041 \*\*\*550.00

**DOCUMENT #** P94000031636  
**1. Entity Name**  
 Rockwell Communications Corporation



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 1700 Old Meadow Road  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 1700 Old Meadow Road  
 Suite, Apt. #, etc.

**54064360**

**City & State**  
 McLean, VA

**City & State**  
 McLean, VA

**Zip**  
 22102

**Country**  
 USA

**4. FEI Number**  
 650315300

**Applied For**  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
 Neil Hazard

**Street Address (P.O. Box Number is Not Acceptable)**  
 13,800 NE 14th Street

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

**SIGNATURE**  **Neil Hazard**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00  
 After May 1, Fees is \$350.00  
 Amended UBR is \$61.25  
 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**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> Singh, K Paul 1700 Old Meadow Rd McLean, VA 22102
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> DePodesta, John 1700 Old Meadow Rd McLean, VA 22102
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> Hazard, Neil 1700 Old Meadow Rd McLean, VA 22102
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Neil Hazard** **7-12-04** **703-902-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)