

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **237247** (2)

1. Corporation Name
TRACOR MARINE, INC.



Principal Place of Business: **C/O TRACOR, INC. 6500 TRACOR LANE AUSTIN TX 78725**
Mailing Address: **6500 TRACOR LANE AUSTIN TX 78725**

3. Date Incorporated or Qualified: **06/06/1960**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0902062**
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 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.1508, 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

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

(200) Registered Agent signature (optional when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAMILTON, K. BRUCE	
STREET ADDRESS	14617 FALLING LEAF WAY	
CITY-ST-ZIP	DARNESTOWN MD 20878	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKAGGS, JAMES B	
STREET ADDRESS	4700 TOREDOR DR.	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	FLOYD, ROBERT K	
STREET ADDRESS	6500 TRACOR LANE	
CITY-ST-ZIP	AUSTIN TX 78725	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAINTON, RUSSELL E	
STREET ADDRESS	6500 TRACOR LANE	
CITY-ST-ZIP	AUSTIN TX 78725	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURRAY, W. MICHAEL	
STREET ADDRESS	6500 TRACOR LANE	
CITY-ST-ZIP	AUSTIN TX 78725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR/VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRES/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
STEVE THOMPSON
512/929-4682
DATE OF SIGNATURE PHONE #

CR2E034 (12/95)