

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 14, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 237247**

1. Entity Name  
 TRACOR MARINE, INC.

|  |  |
|--|--|
| Principal Place of Business<br>C/O TRACOR, INC.<br>6500 TRACOR LANE<br>AUSTIN TX 78725 | Mailing Address<br>6500 TRACOR LANE<br>AUSTIN TX 78725 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-0902062</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

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

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 US |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
|--|--|--|--|

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 \_\_\_\_\_ DATE **08/14/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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                      | P                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | HAMILTON K. BRUCE      |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 14617 FALLING LEAF WAY |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | DARNESTOWN MD 20878    |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 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: K. Bruce Hamilton

08/14/2000