

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 017 ***150.00

DOCUMENT # 237247
 1. Entity Name
TRACOR MARINE, INC.



Principal Place of Business: **1601 RESEARCH BLVD
 ROCKVILLE, MD 20850**
 Mailing Address: **13850 MCLEAREN ROAD
 ATTN SYLVIA LACY-CROW
 HERNDON, VA 20171**

54012431



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

02162004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-0902062** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P NAME: HAMILTON, K. BRUCE STREET ADDRESS: 1601 RESEARCH BLVD CITY-ST-ZIP: ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: RONALD, MARK STREET ADDRESS: 1601 RESEARCH BLVD CITY-ST-ZIP: ROCKVILLE, MD 20850	<input type="checkbox"/> Delete
TITLE: D NAME: CURRIER, JOHN A STREET ADDRESS: 1601 RESEARCH BLVD CITY-ST-ZIP: ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P NAME: D. MARK BAKER STREET ADDRESS: 1601 RESEARCH BLVD CITY-ST-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: SUSAN L FINKEL STREET ADDRESS: 65 SPIT BROOK RD CITY-ST-ZIP: NASHUA, NH 03061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: D. Mark Baker **D MARK BAKER** 2/19/04 703 736-4757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #