2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 237247

City-St-Zip:

AUSTIN, TX 78725

Entity Name: TRACOR MARINE, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1601 RESEARCH BLVD ROCKVILLE, MD 20850 **Current Mailing Address: New Mailing Address:** 13850 MCLEAREN ROAD ATTN SYLVIA LACY-CROW HERNDON, VA 20171 FEI Number: 59-0902062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: BAKER, D. MARK BAKER, D. MARK Name: Name: 1525 WILSON BLVD SUITE 700 1101 WILSON BOULEVARD, SUITE #2000 Address: Address: City-St-Zip: ARLINGTON, VA 22209 City-St-Zip: ARLINGTON, VA 22209 () Delete Title: Title: () Change () Addition Name: HAVENSTEIN, WALTER P Name: 1601 RESEARCH BLVD Address: Address: ROCKVILLE, MD 20850 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SHEILA, CHESTON C Name: Name: 1601 RESEARCH BLVD Address: Address: City-St-Zip: ROCKVILLE, MD 20850 City-St-Zip: Title: () Delete Title: () Change () Addition RAFATJAH, SOPHIA Name: Name: Address: 6500 TRACOR LANE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

08/2009