Division of Corporations

Florida Department of State

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Division of Corporations Public Access System

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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: (850)222-1092 : (850)222-9428

REGISTERED AGENT CHANGE

DRS TRAINING & CONTROL SYSTEMS, INC.

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11/18/03

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the ;	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
	tted for a corporation organized under the laws of the State of Florida	in order
to change its reg	ristered office or registered agent, or both, in the State of Florida.	
1. The name of t	hs corporation: DRS Training & Control Systems, Inc.	
2. The principal	office address: 645 Anchors St., Ft. Walton Beach, FL 32548	
		· · · · · · · · · · · · · · · · · · ·
3. The mailing a	ddress (if different):	
4. Date of incor	poration/qualification: 02/03/1966 Document number: 801574	
	l street address of the current registered agent and registered office on file with the timent of State:	
	The Prentice-Hall Corporation System, Inc.	1 型品 3
	1201 Hayes Street	是 5
	Tallahassee, FL 32301	03 NOV 18 PH
The name and (if changed):	i street address of the new registered agent (if changed) and for registered office	ET OF ST
	CT Corporation System	
	1200 South Pine Island Road	
	(F.O. Box or personal maillant NOT scoepable)	<u>.</u> .
	Plantation, FL 33324	_
The street addre	ess of its registered office and the street address of the business office of its regist identical.	ered agent, as
Such change with board, or the	as authorized by resolution duly adopted by its board of directors or by an officer corporation has been optified in writing of the change.	so suthorized by
	Robert F. Mehmel, President (Practic of Speciments and (Practic of Speciments and	7.0721
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete point of the proper and complete point of miliar with and accept the obligation of my position as registered agent. Or, ely to reflect a change in the registered affice address, I hereby confirm that the a writing of this change.	
	(Signature of Registered Agent) SHEILA	
Y&=12	SHELA	CLARK
is signing on be	half of an entity: Assistant S eila Clark	Secretary
	(Typed or Frinted Name) (Caperity)	

* * * FILING FEE: \$35.00 * * *