

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818332

1. Entity Name

ALLIEDSIGNAL TECHNICAL SERVICES CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90061 022 ***150.00

Principal Place of Business

Mailing Address

ONE BENDIX RD.
COLUMBIA MD 21045

%ALLIEDSIGNAL INC
101 COLUMBIA RD
MORRISTOWN NJ 07960-4640
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0741967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☒ Delete
NAME LEONARD, JOSEPH
STREET ADDRESS 2525 W 190TH ST
CITY-ST-ZIP TORRANCE CA 90504

TITLE D ☐ Change ☐ Addition
NAME James C Adamson
STREET ADDRESS 7000 Gateway Drive
CITY-ST-ZIP Columbia, MA 21046

TITLE ASDV ☐ Delete
NAME MARSHALL, CHRISTOPHER
STREET ADDRESS ONE BENDIX RD
CITY-ST-ZIP COLUMBIA MD 21045

TITLE S ☐ Change ☐ Addition
NAME Harriet Mountcastle-Walsh
STREET ADDRESS 7000 Columbia Gateway Dr.
CITY-ST-ZIP Columbia, MA 21046

TITLE SD ☒ Delete
NAME PASKOFF, MARTIN
STREET ADDRESS ONE BENDIX ROAD
CITY-ST-ZIP COLUMBIA MD

TITLE D ☐ Change ☐ Addition
NAME Thomas Larkins
STREET ADDRESS 2525 W 190th St
CITY-ST-ZIP Torrance, CA 90504

TITLE AVPT ☐ Delete
NAME BROWNSTEIN, PAUL H
STREET ADDRESS 101 COLUMBIA RD.
CITY-ST-ZIP MORRISTOWN NJ 07962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SINAIKIN, RONALD A
STREET ADDRESS 101 COLUMBIA RD.
CITY-ST-ZIP MORRISTOWN NJ 07962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CPD ☒ Delete
NAME STERN, IVAN M
STREET ADDRESS ONE BENDIX RD.
CITY-ST-ZIP COLUMBIA MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)