2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#826385

Entity Name: ATK LAUNCH SYSTEMS INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9160 N HWY 83 BRIGHAM CITY, UT 843020707 US						
Current Mailing Address:			New Maili	New Mailing Address:		
ATTN: DICK POWELL 5050 LINCOLN DRIVE MINNEAPOLIS, MN 554361097 US			MN05-1W,	ATTN: DICK POWELL MN05-1W, 7480 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344 US		
FEI Number:	36-2678716	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					New Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCF () SHROYER, JOH 5050 LINCOLN I EDINA, MN 554	DRIVE	Title: Name: Address: City-St-Zip:	SHROYER, JO 7480 FLYING		
Title: Name: Address: City-St-Zip:	ROSS, KEITH D 5050 LINCOLN I	Delete DRIVE MN 554361097 US	Title: Name: Address: City-St-Zip:	ROSS, KEITH I		
Title: Name: Address: City-St-Zip:	VALENTO, ANTH 5050 LINCOLN I		Title: Name: Address: City-St-Zip:	VALENTO, ANT 7480 FLYING		
Title: Name: Address: City-St-Zip:	VT () PEET, DAVID H 8400 W 5000 S MAGNA, UT 840	Delete 0440098 US	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	BELL, MICHAEL 9160 N HWY 83	Delete L UT 843020707 US	Title: Name: Address: City-St-Zip:	() Change ()Addition	

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.

SIGNATURE: KEITH D ROSS CVSD 04/23/2008