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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 840617

(5)

1. Corporation Name

MICRODYNE CORPORATION

Principal Place of Business

3601 EISENHOWER AVE.  
SUITE 300  
ALEXANDRIA VA 22304

Mailing Address

3601 EISENHOWER AVE.  
SUITE 300  
ALEXANDRIA VA 22304-6495



3. Date Incorporated or Qualified <b>05/09/1978</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FET Number <b>52-0856493</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, PHILIP T	
STREET ADDRESS	3601 EISENHOWER AVE	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MAGINNISS, CHRISTOPHER M	
STREET ADDRESS	3601 EISENHOWER AVE	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	SANDERS, NEAL	
STREET ADDRESS	3601 EISENHOWER AVE	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	D'ALESSIO, R. DALE	
STREET ADDRESS	3601 EISENHOWER AVE	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAPOSATA, DAVE	
STREET ADDRESS	3601 EISENHOWER AVE.	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ELLISON, MARSHALL	
STREET ADDRESS	3601 EISENHOWER AVE.	
CITY-ST-ZIP	ALEXANDRIA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3601 EISENHOWER AVE
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3601 EISENHOWER AVE
2.4 CITY-ST-ZIP	

3.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3601 EISENHOWER AVE
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHRISTIAN SPITZ
6.3 STREET ADDRESS	3601 EISENHOWER AVENUE
6.4 CITY-ST-ZIP	ALEXANDRIA, VA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or, on an attachment with an address.

SIGNATURE: Christopher M. Maginniss

03/05/97 (703) 739-0500

CR2E034 (9/96)