

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90046 005 ***150.00

DOCUMENT # 840617

1. Corporation Name
MICRODYNE CORPORATION

Principal Place of Business

3601 EISENHOWER AVE.
SUITE 220
ALEXANDRIA VA 22304

Mailing Address

3601 EISENHOWER AVE.
SUITE 220
ALEXANDRIA VA 22304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1978

4. FEI Number

52-0856493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o 600 Third Av

22 City & State

27 35th Floor

23 Zip

28 New York NY

24 Country

29 Zip

30 10016-1903

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME - CUNNINGHAM, PHILIP T
STREET ADDRESS 3601 EISENHOWER AVE.
CITY-ST-ZIP ALEXANDRIA VA 22304

TITLE D ☐ DELETE

NAME MAGINNISS, CHRISTOPHER M
STREET ADDRESS 3601 EISENHOWER AVE.
CITY-ST-ZIP ALEXANDRIA VA 22304

TITLE PCFO ☐ DELETE

NAME TALBERT, MICHAEL
STREET ADDRESS 3601 EISENHOWER AVE.
CITY-ST-ZIP ALEXANDRIA VA 22304

TITLE D ☐ DELETE

NAME COWARD, CURTIS M
STREET ADDRESS 8280 GREENSBORO DR., STE. 900
CITY-ST-ZIP MCLEAN VA 22102

TITLE D ☐ DELETE

NAME FAZAKERLEY, GEORGE
STREET ADDRESS 700 13TH ST., NW SUITE 900
CITY-ST-ZIP WASHINGTON DC 20006

TITLE D ☐ DELETE

NAME THOMPSON, H. BRIAN
STREET ADDRESS 4250 NORTH FAIRFAX DR.
CITY-ST-ZIP ARLINGTON VA 22203

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)