

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840617

1. Entity Name

MICRODYNE CORPORATION

Principal Place of Business

600 THIRD AVE.
NEW YORK NY 10016-1901

Mailing Address

600 THIRD AVE.
NEW YORK NY 10016-1901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0856493

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, 2001 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 C
NAME CUNNINGHAM, PHILIP T
STREET ADDRESS 3601 EISENHOWER AVE.
CITY-ST-ZIP ALEXANDRIA VA 22304 ☒ Delete

TITLE CD
NAME Lanza, Frank C. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York, NY 10016

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

TITLE PD
NAME LaPenta, Robert V. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York, NY 10016

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

TITLE V
NAME Strianese, Michael T. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York, NY 10016

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

TITLE VS
NAME Cambria, Christopher C. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York NY 10016

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

TITLE VT
NAME O'Brien, Lawrence W. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York, NY 10016

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

TITLE AT
NAME Goldstein, Kenneth R. ☐ Change ☒ Addition
STREET ADDRESS 600 Third Avenue
CITY-ST-ZIP New York NY 10016

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 (10/00)

0441093