

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  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90010 037 \*\*\*550.00

DOCUMENT # 857488

1. Corporation Name

~~TRACOR~~ SYSTEMS TECHNOLOGIES, INC.  
MARCONI

Principal Place of Business

1601 RESEARCH BLVD  
ROCKVILLE MD 20850  
US

Mailing Address

1601 RESEARCH BLVD  
ROCKVILLE MD 20850  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1983

4. FEI Number

22-2466421

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 VT ☐ DELETE  
NAME BURRIS, GARY P.  
STREET ADDRESS 721 BRYANTS NURSERY ROAD  
CITY-ST-ZIP SILVER SPRING MD

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS ☐ DELETE  
NAME BAKER, D M  
STREET ADDRESS 29 FALLING CREEK CT  
CITY-ST-ZIP SILVER SPRING MD

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME HAMILTON, K. BRUCE  
STREET ADDRESS 14617 FALLING LEAF WAY  
CITY-ST-ZIP DARNESTOWN MD 20878

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME MIFSUD, PAUL G  
STREET ADDRESS 6252 RANIER DR  
CITY-ST-ZIP FREDERICK MD 21701

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BOUTCHIA, ALFRED J  
STREET ADDRESS 25001 DUNTERRY CT  
CITY-ST-ZIP GAITHERSBURG MD 20882

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Paul G Mifsud* REQUIRE: [Mifsud  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/99  
Date

301-738-4576

Daytime Phone #

CR2E034 (1/98)