

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #857488

1. Entity Name

MARCONI SYSTEMS TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1601 RESEARCH BLVD  
ROCKVILLE MD 20850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2466421

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

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, 2000 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 VICE PRESIDENT/TREASURER ☐ Delete

NAME BURRIS, GARY P.  
STREET ADDRESS 721 BRYANTS NURSERY ROAD  
CITY-ST-ZIP SILVER SPRING, MD 20904

TITLE VICE PRESIDENT/SECRETARY ☐ Delete

NAME BAKER, D. M.  
STREET ADDRESS 13208 SQUIRES COURT  
CITY-ST-ZIP GAITHERSBURG, MD 20878

TITLE PRESIDENT ☐ Delete

NAME HAMILTON, K. BRUCE  
STREET ADDRESS ~~14617 FALLING LEAF WAY~~  
CITY-ST-ZIP DARNESTOWN, MD 20878

TITLE VICE PRESIDENT/ASST SECRETARY ☐ Delete

NAME WISE, LARRY M.  
STREET ADDRESS 13844 TURNMORE RD  
CITY-ST-ZIP SILVER SPRING, MD 20906

TITLE VICE PRESIDENT ☐ Delete

NAME BASSETT, WILLIAM F.  
STREET ADDRESS 411 S. ST ASAPH STREET  
CITY-ST-ZIP ALEXANDRIA, VA 22314

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

VP/TREASURER

Date

301-738-4500

Daytime Phone #

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90181 011 \*\*\*150.00

00050332

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)