2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # 857488 Secretary of State** 1. Entity Name BAE SYSTEMS APPLIED TECHNOLOGIES INC. 02-01-2001 90002 019 ***150.00 Principal Place of Business Mailing Address 1601 RESEARCH BLVD 1601 RESEARCH BLVD ROCKVILLE MD 20850 ROCKVILLE MD 20850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-2466421 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE Delete TITLE BURRIS, GARY P. NAME NAME STREET ADDRESS STREET ADDRESS 721 BRYANTS NURSERY ROAD CITY-ST-ZIP CITY-ST-ZIP SILVER SPRING MD ☐ Addition ☐ Change ٧S ☐ Delete TITLE TITLE BAKER, D M NAME NAME STREET ADDRESS STREET ADDRESS 29 FALLING CREEK CT CITY-ST-ZIP CITY-ST-7IP SILVER SPRING MD ☐ Addition TITLE Delete TITLE Channe ■ Channe □ P/DNAME HAMILTON, K. BRUCE NAME STREET ADDRESS STREET ADDRESS 14617 FALLING LEAF WAY CITY-ST-ZIP CITY-ST-7IP DARNESTOWN MD 20878 Addition ☐ Delete TITLE ☐ Change TITLE VP/AS NAME MIFSUD, PAUL G NAME John A. Currier STREET ADDRESS STREET ADDRESS 6252 RANIER DR 1601 Research Blvd CITY-ST-ZIP CITY-ST-ZIP FREDERICK MD 21701 Rockville, MD 20850 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BOUTCHIA, ALFRED J** NAME STREET ADDRESS STREET ADDRESS 25001 DUNTERRY CT CITY-ST-ZIP CITY-ST-ZIP **GAITHERSBURG MD 20882** Delete ☐ Change X Addition TITLE TITLE Mark H. Ronald NAME STREET ADDRESS STREET ADDRESS 1601 Research Blvd CITY-ST-ZIP CITY-ST-ZIP Rockville, MD 20250

SIGNATURE: John A Currier Multiple NAME OF SIGNING OFFICER OF DIRECTOR Date Dayline Phone #

changed, or on an attachment with an address, with all other like empowered.

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