

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000002240

FILED  
Jan 29, 2003  
Secretary of State

**Entity Name:** BAE SYSTEMS INTEGRATED DEFENSE SOLUTIONS INC.

## Current Principal Place of Business:

ATTN: SOPHIA RAFATJAH  
6500 TRACOR LANE  
AUSTIN, TX 78725

## New Principal Place of Business:

## Current Mailing Address:

ATTN: SYLVIA LACY-CROW  
13850 MCLEAREN ROAD  
HERNDON, VA 20171

## New Mailing Address:

**FEI Number:** 74-2617742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HO, GALEN I  
Address: 65 SPIT BROOK RD  
City-St-Zip: NASHUA, NH 03061

Title: V ( ) Delete  
Name: SWANSON, ROBERT H  
Address: 6500 TACOR LANE, M/S 1-1  
City-St-Zip: AUSTIN, TX 78725

Title: VPS ( ) Delete  
Name: FINKEL, SUSAN L  
Address: 65 SPIT BROOK ROAD  
City-St-Zip: NASHUA, NH 03061

Title: VP ( ) Delete  
Name: JACOBS, BRADLEY W  
Address: 6500 TACOR LANE, M/S 1-1  
City-St-Zip: AUSTIN, TX 78725

Title: VPT ( ) Delete  
Name: LANDMAN, WAYNE B  
Address: 1601 RESEARCH BLVD.  
City-St-Zip: ROCKVILLE, MD 20850

Title: VASD ( ) Delete  
Name: CURRIER, JOHN A  
Address: 1601 RESEARCH BLVD.  
City-St-Zip: ROCKVILLE, MD 20850

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. CURRIER

VASD

01/29/2003

Electronic Signature of Signing Officer or Director

Date