


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000001505 1. Entity Name MERCURY COMPUTER SYSTEMS, INC.						FILED 06 MAR 29 2006 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 199 RIVERNECK ROAD CHELMSFORD, MA 01824				Mailing Address 199 RIVERNECK ROAD CHELMSFORD, MA 01824			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 04-2741391				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Barbara A. Burke</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 3-1606 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTELLI, JAMES R 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEX BRAVERMAN 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOV HARTNETT, JOSEPH M 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG BARROWS 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RUSSELL 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATY, GORDON A DR. 101 MAIN STREET CAMBRIDGE, MA 02142 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLE ISLE, ALBERT P DR. 3 WHISPERING PINES ANDOVER, MA 01810 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, LEE C 199 RIVERNECK ROAD CHELMSFORD, MA 01824 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> 1/31/06 978-256-1300 </div> <small>Date Daytime Phone #</small>			