

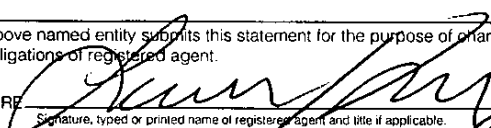
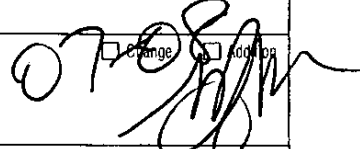
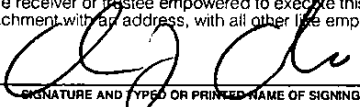


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F01000001505</b> 1. Entity Name <b>MERCURY COMPUTER SYSTEMS, INC.</b>						<b>FILED</b> 08 JAN 25 AM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>199 RIVERNECK ROAD CHELMSFORD, MA 01824</b>				Mailing Address <b>199 RIVERNECK ROAD CHELMSFORD, MA 01824</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>LAUREN H. KRETZ</b>  <b>SPECIAL ASSISTANT SECRETARY</b> </div> <div style="width: 15%; text-align: right;">           1/18/08  <small>DATE</small> </div> </div>							
<b>FILE NOW!!! FEE IS \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BERTELLI, JAMES R</b> <b>199 RIVERNECK ROAD</b> <b>CHELMSFORD, MA 01824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO</b> <b>mark Aslett</b> <b>199 Riverneck Rd</b> <b>Chelmsford, MA 01824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CAOV</b> <b>HARTNETT, JOSEPH M</b> <b>199 RIVERNECK ROAD</b> <b>CHELMSFORD, MA 01824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO</b> <b>Robert E Hult</b> <b>199 Riverneck Rd</b> <b>Chelmsford MA 01824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JOHNSON, RUSSELL</b> <b>199 RIVERNECK ROAD</b> <b>CHELMSFORD, MA 01824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Anthony J. Medaglia, Jr. P.C.</b> <b>Goodwin Proctor LLP</b> <b>Exchange Place</b> <b>53 State St.</b> <b>Boston, MA 02109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BATY, GORDON A DR.</b> <b>101 MAIN STREET</b> <b>CAMBRIDGE, MA 02142</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>900116104349</b> <b>01/25/08--01033--012 **908.75</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BELLE ISLE, ALBERT P DR.</b> <b>3 WHISPERING PINES</b> <b>ANDOVER, MA 01810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>REINSTATEMENT</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STEELE, LEE C</b> <b>199 RIVERNECK ROAD</b> <b>CHELMSFORD, MA 01824</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/9/08 <small>Date</small>		978-967-3125 <small>Daytime Phone #</small>	