

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

014669 AB

DOCUMENT # F01000001505

1. Entity Name
MERCURY COMPUTER SYSTEMS, INC.



FILED

03 NOV 24 AM 11:45

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
CHECK HERE FOR CHANGES

4. FEI Number 04-2741391

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

200023819192

10/15/03--01055--026 **250.00
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *SALVINA AMENTA-GRAY*
Signature, typed or printed name of registered agent and title if applicable.

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

DATE

11-6-03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BERTELLI, JAMES R
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE CAO V ☐ Change ☒ Addition
NAME HARTNETT, JOSEPH M
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD, MA 01824

TITLE T ☒ Delete
NAME WYMAN, G. MEAD
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE D ☐ Change ☒ Addition
NAME RUSSELL, JOHNSON
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD, MA 01824

TITLE CLRK ☒ Delete
NAME MEDAGLIA, ANTHONY J JR.
STREET ADDRESS 101 FEDERAL STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE D ☐ Change ☒ Addition
NAME STEELE, CLEE C
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE D ☐ Delete
NAME BATY, GORDON A DR.
STREET ADDRESS 101 MAIN STREET
CITY-ST-ZIP CAMBRIDGE MA 02142

TITLE D ☐ Change ☒ Addition
NAME WISHNER RICHARD P
STREET ADDRESS 199 RIVERNECK ROAD
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE D ☐ Delete
NAME BELLE ISLE, ALBERT P DR.
STREET ADDRESS 3 WHISPERING PINES
CITY-ST-ZIP ANDOVER MA 01810

TITLE D ☐ Change ☐ Addition
NAME DWYER, JAMES A
STREET ADDRESS 2100 ELECTRONICS LANE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☒ Delete
NAME DWYER, JAMES A
STREET ADDRESS 2100 ELECTRONICS LANE
CITY-ST-ZIP FT. MYERS FL 33912

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salvina Amenta-Gray* SIGNATURE REQUIRED *Salvina Amenta-Gray* 10/3/03 978-256-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)