

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 015 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02000000306			
1. Entity Name DRS EW & NETWORK SYSTEMS, INC.			
Principal Place of Business 485 CAYUGA ROAD BUFFALO, NY 14225		Mailing Address 485 CAYUGA ROAD BUFFALO, NY 14225	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02102005		Chg-P CR2E034 (10/03)	
4. FEI Number 13-4052297		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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 <u>Michael J. Smith</u> <u>Asst. Sec.</u> DATE <u>2-17-05</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	D NEWMAN, MARK S 5 SYLVAN WAY PARSIPPANY, NJ 07054 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D Nina Laserson Dunn 5 Sylvan way Parsippany, NJ 07054 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPGM TOMASINO, JOSEPH A 485 CAYUGA ROAD BUFFALO, NY 14225 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SCHNEIDER, RICHARD A 5 SYLVAN WAY PARSIPPANY, NJ 07054 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EPSTEIN, EDWIN R 645 ANCHORS ST. FORT WALTON BEACH, FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Richard A. Schneider</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/18/05</u> Date the Principal	