## FILED May 16, 2002 8:00 am Secretary of State 05-16-2002 90054 022 \*\*\*150.00

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOC 1. Entity N	UMENT Name	# F0200	2				05 10 2	002 2003	1022 130.00
Co	leman Re	search Corpor	ation	)					
2. Principa 595	al Place of Busin		IN THIS S  3. Mailing Address C/O L-3 Commu		s Corr	oration			
Suite 200			600 Third Ave, 15th FL			Olacion	DO NOT WRITE	E IN THIS SPA	ACE
City & State Orlando FL			City & State New York NY			4. FEI Numbe 59-	2039476	······································	Applied For Not Applicable
32819		Country USA	Zip Country USA			5. Certificate	of Status Desired		8.75 Additional e Required
	D	O NOT WI	RITE	Name CT	Corpo	ration S	ystems		gent ·
	** * * * * * * * * * * * * * * * * * *	I THIS SP					ris Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its				1200 South Pine Island Rd.  City Plantation FL Zip Code 33324					Zip Code 33324
Fax filing	Signature, typed or poration is eligib	printed name of inglistered agent and let to satisfy its Intangible and elects to do so.	January 1 - M After May Amended Make Check Payab	Registere Agent sign ay: 1 Fee Is \$15 1 Fee Is \$550.0 UBR IS \$61.25 Is to Departmen	50.00 - 3. 10	10. Elec	ion Campaign Finan Fund Contribution.	DATE Deling	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST <sub>L</sub> ZIP <sub>SV,7</sub>	New Yor	, Christopher rd Avenue		TITLE  NAME  STREET ADDRESS  CITY-ST, XP					
TITLE NAME STREET ADDRESS CITY-ST-JIP TITLE		, Robert V. rd Avenue k NY 10016	74. 44.	NAME STREET ADDRESS CITY ST ZIP					
NAME STREET AODRESS STEY-ST-ZIP	New Yorl	NAME STREET ADDRESS CITY-ST-ZIP	ratifican di S		NOT V				
AME TREET ADDRESS ITY-ST-ZIP	Strianese, Michael 600 Third Avenue New York NY 10016			NAME STREET ADDRESS! CITY-ST-ZIP		IN	THIS S	PACE	
AME IREET ADDRESS ITY-STEZIP	NewkYork	rd Avenue k LNY1±0016		TITLE NAME STREET ADDRESS CITY ST-ZIP			and g		
REET AOORESS TY-ST-ZIP	New York	d Avenue NY 10016		NAME STREET ADDRESS CITY ST ZIP					
I hereby c indicated of of the corp attachmen	ertify that the inf on this report or poration or the r it with an addres	ormation supplied with this supplemental report is true occiver or trustee empowe iss, with all other like emoor	tiling does not qualify for the and accurate and that my ned to execute this report a vered	e exemption state signature shall ha s required by Ch	ed in Section ave the sam apter 607, F	n 119.07(3)(i). F e legal effect as lorida Statutes,	lorida Statutes. I funt if made uncler oath: and that my name a	her certify that I am an appears in B	at the information officer or director lock 11 or on an

Kenneth R. Galdstein

SIGNATURE: