

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006927

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** L-3 COMMUNICATIONS SECURITY AND DETECTION SYSTEMS, INC.

**Current Principal Place of Business:**

10 E COMMERCE WAY  
WOBURN, MA 01801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O L-3 COMMUNICATIONS CORPORATION  
600 THIRD AV  
NEW YORK, NY 10016

**New Mailing Address:**

**FEI Number:** 04-3054475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CSD (X) Delete  
Name: CAMBRIA, CHRISTOPHER C  
Address: 600 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10016

Title: VP ( ) Delete  
Name: VAN BLERKOM, LAWRENCE  
Address: 600 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10016

Title: T ( ) Delete  
Name: SOUZA, STEPHEN M  
Address: 600 THIRD AVENUE  
City-St-Zip: NEW YORK, NY 10016

Title: CEO ( ) Delete  
Name: STRIANESE, MICHAEL  
Address: 600 THIRD AV  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE VAN BLERKOM

VP

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date