## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000810

Entity Name: SELEX SENSORS AND AIRBORNE SYSTEMS (US) INC.

**FILED** Jul 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

201 12TH STREET, SUITE 704 201 12TH STREET SOUTH ARLINGTON, VA 22202

SUITE 704

ARLINGTON, VA 22202

**Current Mailing Address: New Mailing Address:** 

201 12TH STREET, SUITE 704 201 12TH STREET SOUTH ARLINGTON, VA 22202 SUITE 704

ARLINGTON, VA 22202

FEI Number: 41-2163692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FRANKS, RICHOLAS B FRANKS, RICHOLAS B Name: Name: 201 12TH STREET, SUITE 704 201 12TH STREET, SUITE 704 Address: Address:

> ARLINGTON, VA 22202 City-St-Zip: ARLINGTON, VA 22202

Title: () Delete Title: (X) Change ( ) Addition TUCKER, BRIAN G.S. Name: TUCKER, BRIAN G.S. Name:

201 12TH STREET, SUITE 704 201 12TH STREET, SUITE 704 Address: Address: ARLINGTON, VA 22202 ARLINGTON, VA 22202 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete CFO

RIPALIE, MUIR RETTIG, RAYMOND S Name: Name: 201 12TH STREET, SUITE 704 201 12TH STREET, SUITE 704 Address: Address: City-St-Zip: ARLINGTON, VA 22202 City-St-Zip: ARLINGTON, VA 22202

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE LANDMAN **CFO** 07/07/2006