


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90136 006 ***550.00

DOCUMENT # F0600005208
 1. Entity Name
APPLIED SIGNAL TECHNOLOGY, INC.



Principal Place of Business 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086	Mailing Address 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
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40123740

DO NOT WRITE IN THIS SPACE



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0015491	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP YANCEY, GARY 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOYLE, JAMES 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOYLE, JAMES 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIN DOYLE, JAMES 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, DAVID 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTELEY, JR., STUART G 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James Doyle **JAMES DOYLE CFO** 6/28/07 (408) 522-2851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Date Needed _____

Change Info _____

New

Vendor Code _____

Used in Travel Module Yes or No? _____

Give Warning

InActive

Name **FLORIDA DEPARTMENT OF STATE**

Address **FLORIDA DEPARTMENT OF STATE**

Vendor Name **n1**

Our Credit Limit _____

Enter a name of up to 25 characters to identify the vendor.

This 40-character required field allows you to provide more detail in the naming of your vendors.

PMT 1 D Y DIVISION OF CORPORATIONS P O BOX 6198

Address (40 Characters)

Address (40 Characters)

Note: Address Lines 2 and 3 do not print on 1099s. Before printing 1099s, make sure that all necessary street address information is included in Address Line 1 of the 1099 address.

TALLAHASSEE

FL

USA

32314

City (25 Characters)

State

Country

Zip

Phone _____

Other Number _____

Phone _____

Fax _____

Other Number _____

PMT Contact Name _____

Defaults

Memo for Blank Checks _____

FOB: _____

SHIP VIA: _____

A/P AP TRADE - ORG 2 (Account is 27-201-001 Org 2)

Accounts Description

25 Characters

Cash WF VAN WERT OHIO (Account is 01-101-031 Org2)

Project _____

Account _____

Org _____

Allocation % _____

1099's-Print Misc Yes or No ?

Yes or No

X X - X X X X X X X X

X X X - X X - X X X X

If YES, check box "PRINT 1099-MISC FORM" and select TYPE

Prepared by & Date/Ext. _____

SUE THOMAS X3319 528/07

Reviewed by & Date _____

PR 6/28/07

Authorized by _____

or _____

Approved by _____

Vendor Ent'd By _____

Date Entered _____

Justification or PLEASE SET UP NEW VENDOR WITH DEFAULT AS PMT 1 AS INDICATED ON COPY Reason for Request OF VENDOR REQUEST ATTACHED HEREWITH

ATTACHMENT

40125720
#706000005208