

F130000549753

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

Please retain original filing
date of submission 3/7

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR - 7 PM 12:28

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION

Reveal Imaging Technologies, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08 09
Estimated Charge	\$1,020.00

ATTN: Justin
Shivers

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR - 8 AM 9:10

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Corporate Filing Menu

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MRD 3/11/13
3/8/2013

<https://efile.sunbiz.org/scripts/efilcovr.exe>



March 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: REVEAL IMAGING TECHNOLOGIES, INC.
REF: W13000013796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: E13000053169
Letter Number: 213A00005554

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Reveal Imaging Technologies, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Connie Scarville

Name of Person

SAIC

Firm/Company

10260 Campus Point Drive

Address

San Diego, CA 92121

City/State and Zip code

dawn.aurista@saic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Scarville

Name of Person

at (858)

826-6550

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Reveal Imaging Technologies, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 06-1657891

(FBI number, if applicable)

4. 10/03/2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. August 13, 2010

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2985 Scott Street, Vista, CA 92081

(Principal office address)

10260 Campus Point Drive, San Diego, CA 92121

(Current mailing address)

8. Provide automated threat detection products and services.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Yvette Garcia
Assistant Secretary

By: [Signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joseph W Craver III

Address: 2985 Scott Street

Vista, CA 92081

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: _____

Address: _____

Vice President: Lori F Atoe

Address: 2985 Scott Street

Vista, CA 92081

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. _____

JOSEPH S. SECKER PRESIDENT/CFO

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Joseph W Craver III
	Officer/Director:	Officer, Director
	Officer's Title:	Chairman
	Director's Title:	Other Director
	Business Address:	2985 Scott Street
	City:	Vista
	State:	CA
	ZIP Code:	92081
2	Full Name:	Joseph S Secker
	Officer/Director:	Officer
	Officer's Title:	President and CFO
	Director's Title:	
	Business Address:	2985 Scott Street
	City:	Vista
	State:	CA
	ZIP Code:	92081
3	Full Name:	Frederick R Hazard
	Officer/Director:	Officer
	Officer's Title:	SVP for Real Estate
	Director's Title:	
	Business Address:	2985 Scott Street
	City:	Vista
	State:	CA
	ZIP Code:	92081
4	Full Name:	Kevin J Winstead
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	2985 Scott Street
	City:	Vista
	State:	CA
	ZIP Code:	92081
5	Full Name:	Clement V Quella III

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TALLAHASSEE, FLORIDA**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer/Director:	Officer
Officer's Title:	Assistant Secretary
Director's Title:	
Business Address:	2985 Scott Street
City:	Vista
State:	CA
ZIP Code:	92081
6 Full Name:	Marc H Crown
Officer/Director:	Officer
Officer's Title:	Treasury Accounts Officer
Director's Title:	
Business Address:	2985 Scott Street
City:	Vista
State:	CA
ZIP Code:	92081
7 Full Name:	Steven P Fisher
Officer/Director:	Officer
Officer's Title:	Treasury Accounts Officer
Director's Title:	
Business Address:	2985 Scott Street
City:	Vista
State:	CA
ZIP Code:	92081
8 Full Name:	Sylvia D Fudge
Officer/Director:	Officer
Officer's Title:	Director of Export Licensing
Director's Title:	
Business Address:	2985 Scott Street
City:	Vista
State:	CA
ZIP Code:	92081

Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVEAL IMAGING TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3576016 8300

130283879

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0263773

DATE: 03-06-13