4/28/2003-90978-009-\$150.00-\$150.00

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UNIFORM	BUSINESS	REPORT	(UBR

	MENT # F88610			50		JE CURFURAL			
1. Entity Nam Parav	ant Inc.				03 MAY	28 PM 12: 5	.4		
1	DO NOT WRITE	IN THIS S	PAC	E					
	Place of Business Technologies, Inc.	3. Mailing Address c/o DRS Technol	onies	Inc	7				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			NOT WRITE IN THIS S	SPACE			
5 Sylvan City & Stat	te	5 Sylvan Way City & State		4. FEI Number		Applied For			
Parsippa Zip	Country	Parsippany, NJ Zip Country			209179	Not Applicable			
07054	USA	07054	UŠA		5. Certificate of Status	S Cesileo	\$8.75 Additional Fee Required		
	The Committee of the Co	فيسط مستأنيت فيه خيمانا مستوتم	وكتيمته س	Name OT	7. Name and Address		Agent		
	DO NOT W	RITE		l		Corporation System————————————————————————————————————			
} ,	IN THIS SP								
)		ACE			th Pine Island Rd.				
				City Plantation FL Zip Code 33324			33324		
	named entity submits this statement for tions of registered agent.	Robi	n Lad lents	2		State of Florida. I am fa	amiliar with, and accept		
. *	nuary 1 - May 1 Fee Is S150.00 After May 1, Fee Is S550.00 Amended UBR is S61.25 Payable to Florida Department of					impaign Financing Contribution.	\$5.00 May Be Added to Fees		
	CONTRACTOR AND I		J						
10.	OFFICERS AND I	JIHECTORS	Titt	r .	· · · · · · · · · · · · · · · · · · ·				
10. TITLE NAME	Р	JIHECTORS	NAM	1			12/02)		
TITLE	T		NAM STRE	1			33B (12/02)		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	P Mark S. Newman 5 Sylvan Way, Parsippany,		NAM STRE CITY	ME EET ADDRESS 7-ST-ZIP E			R2E034B (12/02)		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P Mark S. Newman 5 Sylvan Way, Parsippany, T/D Richard A. Schneider	NJ 07054	NAM STRE CITY TITLE NAM	ME EET ADDRESS 7-ST-ZIP E			CR2E034B (12/02)		
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Interiory carmy mature momentum supplies want into linking coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if furnity 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

Nina Laserson Dunn

2/0>

973.898.1500