

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0657610  
AT

DOCUMENT # F94000000011

1. Entity Name  
SENCORP CORP. (SENSORS AND COMMUNICATIONS)



FILED

03 JAN 17 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3 PRESTON COURT  
BEDFORD MA 01730

Mailing Address  
3033 SCIENCE PARK RD  
SAN DIEGO CA 92121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3141006

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Lynette Coleman*  
Signature, typed or printed name of registered agent and title if applicable.

Lynette Coleman  
as its agent

(NOTE: Registered Agent signature required when reinstating)

1/17/03  
DATE

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME PONTIUS, EARL  
STREET ADDRESS 700 TECHNOLOGY PARK DRIVE  
CITY-ST-ZIP BILLERICA MA 01821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME DEMARCO, ERIC M  
STREET ADDRESS 3033 SCIENCE PARK RD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSGC ☒ Delete  
NAME COSTANZA, NICHOLAS V  
STREET ADDRESS 3033 SCIENCE PARK RD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE V.P., CFO and Treasurer ☐ Change ☒ Addition  
NAME Michael Paige  
STREET ADDRESS 3033 Science Park Road  
CITY-ST-ZIP San Diego, CA 92121

TITLE SA ☐ Delete  
NAME BARR, CHERYL L  
STREET ADDRESS 3033 SCIENCE PARK RD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TA ☐ Delete  
NAME LECHIEN, SHAWN  
STREET ADDRESS 3033 SCIENCE PARK RD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE Assistant Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAY, GENE W  
STREET ADDRESS 3033 SCIENCE PARK RD  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cheryl L Barr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

858-552-9500

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2al2

ACCOUNT NO. : 072100000032

REFERENCE : 896551 4388080

AUTHORIZATION :

*Patricia Pizot*

COST LIMIT : \$ 150.00

ORDER DATE : January 17, 2003

ORDER TIME : 11:25 AM

ORDER NO. : 896551-005

CUSTOMER NO: 4388080

CUSTOMER: Mr. Michael Kirker  
The Titan Corporation  
3033 Science Park Rd.

San Diego, CA 92121

RECEIVED  
03 JAN 17 PM 2:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SENCOM CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS:

*[Handwritten signature]*