

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000003947 (8)

1. Corporation Name

ELECTROSPACE SYSTEMS, INC.



Principal Place of Business

Mailing Address

1301 E. COLLINS BLVD  
RICHARDSON TX 75081

P. O. BOX 831359  
RICHARDSON TX 75083-1359  
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

75-1312790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

81. Name

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

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and of individual available

(401) Registered Agent signature required when new agent is

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME WRIGHT, PAUL E  
STREET ADDRESS 1725 JEFFERSON DAVIS HWY  
CITY-ST-ZIP ARLINGTON VA 22202 ☐ DELETE

TITLE D  
NAME STELLMAN, JOHN C  
STREET ADDRESS 1725 JEFFERSON DAVIS HWY  
CITY-ST-ZIP ARLINGTON VA 22202 ☐ DELETE

TITLE PD  
NAME MCANALLY, MICHAEL D  
STREET ADDRESS 1301 E. COLLINS BLVD  
CITY-ST-ZIP RICHARDSON TX 75081 ☐ DELETE

TITLE VT  
NAME WILSON, C. EDWIN  
STREET ADDRESS 1301 E. COLLINS BLVD  
CITY-ST-ZIP RICHARDSON TX 75081 ☐ DELETE

TITLE S  
NAME FRAMPTON, JOHN C  
STREET ADDRESS 1301 E. COLLINS BLVD  
CITY-ST-ZIP RICHARDSON TX 75081 ☐ DELETE

TITLE AT  
NAME SHARP, JOHN T.  
STREET ADDRESS 1301 E. COLLINS BLVD.  
CITY-ST-ZIP RICHARDSON TX ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001778128  
-04/12/96--01028--026  
\*\*\*200.00

4-11-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John T. Sharp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

214-470-2000

(FastFax) Phone #

CR2E034 (12/95)