

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003502

1. Entity Name
DRS OPTRONICS, INC.



Principal Place of Business
**2330 COMMERCE PARK DRIVE, NE
02
PALM BAY, FL 32905 US**

Mailing Address
**2330 COMMERCE PARK DRIVE, NE
02
PALM BAY, FL 32905 US**



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3321536

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000170161
08/16/04-80004-004 550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARION, FRED L 2330 COMMERCE PARK DRIVE NE, STE 2 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASERSON DUNN, NINA 2330 COMMERCE PARK DRIVE NE, SUITE 2 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, MARK 2330 COMMERCE PARK DRIVE, SUITE 2 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSSO, ROBERT 2330 COMMERCE PARK DR NE, STE 2 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/27/04
Date

321-308-4879
Daytime Phone #