

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90024 005 ***150.00

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		
2. Principal Place of Business		3. Mailing Address 5 Sylvan Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pariseppany NJ			
Zip	Country	Zip 07054	Country	4. FEI Number 59-3321536	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	5 Sylvan Way Pariseppany NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	5 Sylvan Way Pariseppany NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	SECRETARY Robert Russo 5 Sylvan Way Pariseppany NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, CFO Richard A. Schneider 5 Sylvan Way Pariseppany NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Richard A. Schneider Treasurer					
Date 3/24/05 Daytime Phone # 973-898-1500					