

# 2001. UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90076 045 \*\*\*150.00

DOCUMENT # F97000001646

1. Entity Name  
MPRI, INC.

Principal Place of Business  
1201 E. ABINGDON DR., STE. 425  
ALEXANDRIA VA 22314

Mailing Address  
1201 E. ABINGDON DR., STE. 425  
ALEXANDRIA VA 22314

80044156



DO NOT WRITE IN THIS SPACE

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	54-1439937	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO OFFICER <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VUONO, CARL	NAME	Chris CAMBRIA
STREET ADDRESS	1201 E. ABINGDON DR., STE. 425	STREET ADDRESS	L-3 Communications
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	600 3RD AVE NY NY 10016
TITLE	COO OFFICER <input type="checkbox"/> Delete	TITLE	
NAME	GRIFFITH, RON	NAME	
STREET ADDRESS	1201 E. ABINGDON DR., STE. 425	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	CFO OFFICER <input type="checkbox"/> Delete	TITLE	VP - FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INMAN, STEVE	NAME	Leanne HUTTON
STREET ADDRESS	1201 E. ABINGDON DR., STE. 425	STREET ADDRESS	1201 E ABINGDON DR #425
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	Alexandria, VA 22314
TITLE	GM OFFICER <input type="checkbox"/> Delete	TITLE	
NAME	SAINT, CROSBIE	NAME	
STREET ADDRESS	1201 E. ABINGDON DR., STE. 425	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	GM OFFICER <input type="checkbox"/> Delete	TITLE	
NAME	BATES, JARED	NAME	
STREET ADDRESS	1201 E. ABINGDON DR., STE. 425	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	<del>SC</del> <input checked="" type="checkbox"/> Delete	TITLE	
NAME	<del>LEWIS, VERNON B JR.</del>	NAME	
STREET ADDRESS	<del>1201 E. ABINGDON DR., STE. 425</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>ALEXANDRIA VA 22314</del>	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leanne M Hutton 4/28/01 703-684-8763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)