

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90278 040 ***150.00

DOCUMENT # F98000001654

1. Entity Name
VERIDIAN SYSTEMS DIVISION, INC.

Principal Place of Business Mailing Address
1975 GREEN ROAD P.O. BOX 134008
ANN ARBOR MI 48105 ANN ARBOR MI 48113-4008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **38-3341513** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$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** 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.

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **FARMER, MICHAEL D**
 STREET ADDRESS **1200 S HAYES STREET STE 1100**
 CITY-ST-ZIP **ARLINGTON VA 22202-5000**

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

TITLE **DV** ☐ Delete
 NAME **LANGSTAFF, DAVID H**
 STREET ADDRESS **1200 S HAYES STREET STE 1100**
 CITY-ST-ZIP **ARLINGTON VA 22202-5000**

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

TITLE **PDEO** ☐ Delete
 NAME **PATTISHALL, ROBERT**
 STREET ADDRESS **1400 KEY BLVD., STE. 700**
 CITY-ST-ZIP **ARLINGTON VA 22209-2369**

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

TITLE **SVGS** ☐ Delete
 NAME **HOWE, JERALD S JR**
 STREET ADDRESS **1200 S HAYES STREET STE 1100**
 CITY-ST-ZIP **ARLINGTON VA 22202-5000**

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

TITLE **AS** ☐ Delete
 NAME **SEIDLER, PHYLLIS D**
 STREET ADDRESS **1200 S HAYES STREET STE 1100**
 CITY-ST-ZIP **ARLINGTON VA 22202-5000**

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

TITLE **V** ☒ Delete
 NAME **CARPINELLA, RONALD J**
 STREET ADDRESS **1975 GREEN RD**
 CITY-ST-ZIP **ANN ARBOR MI**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)