2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71360

FILED Jan 29, 2009 Secretary of State

Entity Name: L-3 COMMUNICATIONS ADVANCED LASER SYSTEMS TECHNOLOGY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2500 NORTH ORANGE BLOSSOM TRAIL 35TH FL ORLANDO, FL 32804 **New Mailing Address: Current Mailing Address:** 600 THIRD AVE NEW YORK, NY 10016 FEI Number: 59-2808669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCKINNEY, ROBERT E POST, STEVE Name: Name: 6860 EDGEWATER COMMERCE PKWY, STE 500 600 THIRD AV Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: NEW YORK, NY 10016 Title: VD Title: () Delete (X) Change () Addition Name: BELLAR, DENNIS R Name: POST, STEVE 6860 EDGEWATER COMM PKYW, STE 500 600 THIRD AVE Address: Address: ORLANDO, FL 32810 NEW YORK, NY 10016 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE VAN BLERKOM VP 01/29/2009

VAN BLERKOM, LAWRENCE

600 THIRD AVENUE

NEW YORK, NY 10016

Name:

Address: City-St-Zip: