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Examiner	_	Ref#:	XX			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Updater ____ Verifier ___

W.P. Verifier_



Amount: \$

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of force	ign lir	nited liability company)			
2. Delaware	2	41-1955360			
(Jurisdiction under the law of which foreign limited liabil company is organized)	îly	(FEI number, if applicable)	<u>. </u>		
4. November 3, 1999 (Date of Organization)	5.	Perpetual			
(Date in Organization)		(Duration: Year limited liability company exist or "perpetual")	Will cease	to	
6. Anticipated Date: April 3, 2001					
(Date first transacted business in Florida.	(See s	ections 608.501, 608.502, and 817.155, F.S.)			
7					
Twin Cities Army Ammunition Plant, Building 104, Net					
		principal office)			
		•	i einen ye e r	\Box	
8. If limited liability company is a manager-m	ged co	ompany, check here			
9. The usual business addresses of the managing r	nenib	ers or managers are as follows:	5 100 5 100 5 100 6 100		5.0
See attached list.		•		ت.	-
See augeneo itsi.			a gree		-
			1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	্ট	
0. Attached is an original certificate of existence, no more than	90 da	ys old, duly authenticated by the official having	s constady of	TECON	ls ir
ne jurisdiction under the law of which it is organized. (A photo runslation of the certificate under oath of the translator must be s	copy is	not acceptable. If the certificate is in a foreign	language, a	ì	
animorous de contrete direct cantot the dainiagh mind be	AUDITHO	ecr)			
1. Nature of business or purposes to be conducted	or p	romoted in Florida: Any lawful act for v	vhich a		
	. 1	. 17 1 17 2			
limited liability community may be formed under the 1912-24	a Limi	led Liability Company Act.		<u> </u>	
limited liability company may be formed under the Plorid	_				
limited liability company may be formed under the Plorid	<u> </u>				
Signature of a member or an	autho	orized representative of a member.			
Signature of a member or an	autho	the execution of this document constitutes			

Typed or printed name of signee

Alliant Ammunition Systems Company LLC

nne

Michael T. McCann

Manager

Scott S. Meyers

Manager

Manager

Manager

Мападет

Nicholas G. Vlahakis

Robert D. Shadley

Раи D. Мжег

Building 104 Twin Cities Amy Ammunbon Plant New Brighton, MN 55112 OFFICE

600 Second St.NE. Hopkins, MN 55343-8384

600 Socand St NE Hopkins, MN 55343-8384

600 Second St NE Hopkins, MN 55343-8384

600 Second St NE Hopkins, MN 65343-8384

01 EE - 3 PHP: 50

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liabilit	y Company is:	
Alliant Ammunition Systems Company L	rc	
2. The name and the Florida street	address of the registered agent and office ar	е;
C'T Corporation System	n	<u></u>
	(Name)	
c/o C T Corporation Sys	stem, 1200 South Pine Island Road	-
	treet address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	
	City/State/Zip	,a

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CT Corporation System

(Signature)

Kevin D. Lumberg, Asst. V.P.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANT AMMUNITION SYSTEMS COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DI 16th - 3 PM 12: 50
Shinasakar ba shale
Shinasakar ba shale



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1059432

DATE: 04-02-01

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