

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90014 014 *****50.00

DOCUMENT # M01000000730

1. Entity Name

ALLIANT AMMUNITION SYSTEMS COMPANY LLC

Principal Place of Business

**TWIN CITIES ARMY AMMUNITION PLANT
 BLDG. 104
 NEW BRIGHTON MN 55112**

Mailing Address

**TWIN CITIES ARMY AMMUNITION PLANT
 BLDG. 104
 NEW BRIGHTON MN 55112**

2. Principal Place of Business

3. Mailing Address

5050 Lincoln Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Edina, MN

Zip

Country

Zip

Country

55436-1097

USA

4. FEI Number

41-1955360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR MCCANN, MICHAEL T**
 STREET ADDRESS **TWIN CITIES ARMY AMMUNITION PLANT BLDG 104**
 CITY-ST-ZIP **NEW BRIGHTON MN 55112**

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

TITLE ☐ Delete
 NAME **MGR MEYERS, SCOTT S**
 STREET ADDRESS **600 SECOND ST NE**
 CITY-ST-ZIP **HOPKINS MN 55343-8384**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5050 Lincoln Drive**
 CITY-ST-ZIP **Edina, MN 55436**

TITLE ☐ Delete
 NAME **MGR MILLER, PAUL D**
 STREET ADDRESS **600 SECOND ST NE**
 CITY-ST-ZIP **HOPKINS MN 55343-8384**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5050 Lincoln Drive**
 CITY-ST-ZIP **Edina, MN 55436**

TITLE ☐ Delete
 NAME **MGR SHADLEY, ROBERT D**
 STREET ADDRESS **600 SECOND ST NE**
 CITY-ST-ZIP **HOPKINS MN 55343-8384**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5050 Lincoln Drive**
 CITY-ST-ZIP **Edina, MN 55436**

TITLE ☐ Delete
 NAME **MGR VLAHAKIS, NICHOLAS G**
 STREET ADDRESS **600 SECOND ST NE**
 CITY-ST-ZIP **HOPKINS MN 55343-8384**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5050 Lincoln Drive**
 CITY-ST-ZIP **Edina, MN 55436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PERRELLA

1/29/2002

952/351-3073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)