

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90031 042 *****50.00

DOCUMENT # M01000000741

1. Entity Name

ALLIANT DEFENSE LLC

Principal Place of Business

**600 SECOND STREET NE
HOPKINS MN 55343-8384**

Mailing Address

**600 SECOND STREET NE
HOPKINS MN 55343-8384**

2. Principal Place of Business

5050 Lincoln Drive

3. Mailing Address

5050 Lincoln Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edina MN

City & State

Edina MN

Zip

55436

Country

USA

Zip

55436

Country

USA

4. FEI Number

41-1933913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
MILLER, PAUL DAVID
600 SECOND STREET NE
HOPKINS MN 55343-8384**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
MEYERS, SCOTT S
600 SECOND STREET NE
HOPKINS MN 55343-8384**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
VLAKAKIS, NICHOLAS G
600 SECOND STREET NE
HOPKINS MN 55343-8384**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
SHADLEY, ROBERT D
600 SECOND STREET NE
HOPKINS MN 55343-8384**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

10. ADDITIONS/CHANGES

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

**5050 Lincoln Drive
Edina MN 55436**

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

**5050 Lincoln Drive
Edina MN 55436**

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

**President
5050 Lincoln Drive
Edina MN 55436**

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

**Chairman/CEO
5050 Lincoln Drive
Edina MN 55436**

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

**V.P. & Secretary
Perrin A. Hite
5050 Lincoln Drive
Edina MN 55436**

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

**TITLE
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:

**SIGNATURE REQUIRED
PERRIN A. HITE**

1/15/02

952/351-3073

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

Date

Daytime Phone #

CR2E083 (9/01)