

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90030 006 ****50.00

DOCUMENT # M01000000742

1. Entity Name

ALLIANT INTEGRATED DEFENSE COMPANY 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

Country

55436- USA

Zip

Country

55436- USA

4. FEI Number

41-1933906

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

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

TITLE **MGR** ☐ Delete
NAME **ROSS, PAUL A**
STREET ADDRESS **8400 WEST 5000 SOUTH**
CITY-ST-ZIP **MAGNA UT 84044-0098**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Utah Center, 201 S Main St, Suite 400**
CITY-ST-ZIP **Salt Lake City, UT 84111**

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

TITLE ☐ Change ☒ Addition
NAME **VP Secretary**
STREET ADDRESS **Perri A. Hite**
CITY-ST-ZIP **5050 Lincoln Drive**
Edina, MN 55436

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:

PERRI 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)