

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 022 *****50.00

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DOCUMENT # M01000000742

1. Entity Name

ALLIANT INTEGRATED DEFENSE COMPANY LLC



Principal Place of Business

**5050 LINCOLN DRIVE
MEDINA MN 55436**

Mailing Address

**5050 LINCOLN DRIVE
MEDINA MN 55436**

2. Principal Place of Business

5050 Lincoln Drive

3. Mailing Address

ATTN: Dick Powell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5050 Lincoln Drive

City & State

Edina, MN

City & State

Edina, MN

Zip

55436-1097

Country

US

Zip

55436-1097

Country

US

4. FEI Number

41-1933906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **MILLER, PAUL DAVID**
STREET ADDRESS **5050 LINCOLN DRIVE**
CITY-ST-ZIP **EDINA MN 55436**

TITLE **MGR** ☒ Delete
NAME **MEYERS, SCOTT S**
STREET ADDRESS **5050 LINCOLN DRIVE**
CITY-ST-ZIP **EDINA MN 55436**

TITLE **MGR** ☒ Delete
NAME **ROSS, PAUL A**
STREET ADDRESS **O VIEW CENTER 201 MAIN STREET STE 400**
CITY-ST-ZIP **SALT LAKE CITY UT NOTLI-STD**

TITLE **S** ☒ Delete
NAME **PERN, A**
STREET ADDRESS **5050 LINCOLN DRIVE**
CITY-ST-ZIP **EDINO MN 55436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Ann D. Davidson**
STREET ADDRESS **5050 Lincoln Drive**
CITY-ST-ZIP **Edina, MN 55436-1097**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Hubert D. Hopkins**
STREET ADDRESS **4700 Nathan Lane**
CITY-ST-ZIP **Plymouth, MN 55442**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Daniel J. Murphy, Jr.**
STREET ADDRESS **5050 Lincoln Drive**
CITY-ST-ZIP **Edina, MN 55436-1097**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Nicholas G. Vlahakis**
STREET ADDRESS **5050 Lincoln Drive**
CITY-ST-ZIP **Edina, MN 55436-1097**

TITLE ☐ Change ☐ Addition
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:

Ann D. Davidson

Ann D. Davidson

4/24/2003

952-351-2869

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

Date

Daytime Phone #

CR2E083 (10/02)