

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001638

FILED
Apr 24, 2006
Secretary of State

Entity Name: ATK TACTICAL SYSTEMS COMPANY LLC

Current Principal Place of Business:

210 STATE ROUTE 956
ROCKET CENTER, WV 26726

New Principal Place of Business:

Current Mailing Address:

ATTN: DICK POWELL
5050 LINCOLN DRIVE
EDINA, MN 554361097 US

New Mailing Address:

FEI Number: 41-1933914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSS, KEITH D
Address: 5050 LINCOLN DRIVE
City-St-Zip: MINNEAPOLIS, MN 55436 US

Title: MGR () Delete
Name: RANGEN, ERIC S
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

Title: MGR (X) Delete
Name: VLAHAKIS, NICHOLAS G
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SHROYER, JOHN L
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH D. ROSS

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date