

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90088 023 \*\*\*\*\*50.00

0070019

**DOCUMENT # M02000001638**

1. Entity Name

**ATK TACTICAL SYSTEMS COMPANY LLC**



Principal Place of Business

**210 STATE ROUTE 956  
ROCKET CENTER WV 26726**

Mailing Address

**210 STATE ROUTE 956  
ROCKET CENTER WV 26726**

2. Principal Place of Business

3. Mailing Address

**ATTN: Dick Powell**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5050 Lincoln Drive**

City & State

City & State

**Edina, MN**

Zip

Country

Zip

Country

**55436-1097**

**US**

4. FEI Number

**41-1933914**

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 D**  
STREET ADDRESS **5050 LINCOLN DRIVE**  
CITY-ST-ZIP **EDINA MN 55436-1097**

TITLE **MGR** ☐ Delete  
NAME **MURPHY, DANIEL J JR.**  
STREET ADDRESS **5050 LINCOLN DRIVE**  
CITY-ST-ZIP **EDINA MN 55436-1097**

TITLE **MGR** ☒ Delete  
NAME **ROSS, PAUL A**  
STREET ADDRESS **201 SOUTH MAIN STREET, SUITE 400**  
CITY-ST-ZIP **SALT LAKE CITY UT 84111**

TITLE **MGR** ☐ Delete  
NAME **VLAHAKIS, NICHOLAS G**  
STREET ADDRESS **5050 LINCOLN DRIVE**  
CITY-ST-ZIP **EDINA MN 55436-1097**

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

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

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

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*  
**SIGNATURE REQUIRED**

**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)