

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001091

FILED
Apr 27, 2004
Secretary of State

Entity Name: ATK MISSILE SYSTEMS COMPANY LLC

Current Principal Place of Business:

21050 CALIFA STREET
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

21050 CALIFA STREET
WOODLAND HILLS, CA 91367

New Mailing Address:

FEI Number: 48-1280912

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/MEMBERS:

Title: MGR () Delete
Name: DAVIDSON, ANN D
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097

Title: MGR () Delete
Name: MURPHY, DANIEL J JR
Address: 5050 LINCOLN DRIVE
City-St-Zip: EDINA, MN 554361097

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

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: ANN D. DAVIDSON

MGR

04/27/2004

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