

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000475

1. Entity Name
ALLIANT PROPULSION AND COMPOSITES LLC

Principal Place of Business: 8400 WEST 5000. SOUTH MAGNA UT 84044
Mailing Address: P.O. BOX 98 MAGNA UT 84044-0098

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
600 SECOND STREET NE
Suite, Apt. #, etc.

City & State
HOPKINS MN
Zip
55343
Country
USA

DO NOT WRITE IN THIS SPACE
4. FEI Number 41-1933908
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR BUKOWICK, PETER A 15787 ELODIE LANE MINNETONKA MN 55345 ☒ Delete
MGR MEYERS, SCOTT S 75 CLAY CLIFFE TONKA BAY MN 55331 ☐ Delete
MGR MILLER, PAUL D 3304 HEATHCOTE LANE KESWICK VA 22947 ☐ Delete
MGR ROSS, PAUL A 673 N. LITTLE TREE CIRCLE SALT LAKE CITY UT 84108 ☐ Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP
800003236638--9
-05/03/00--01046--006
*****50.00 ☐ Change ☐ Addition

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. Kammerlander ASSISTANT Secretary 4/10/00 612/931-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)