

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90031 029 ****50.00

DOCUMENT # M99000000475

1. Entity Name

ALLIANT PROPULSION AND COMPOSITES LLC

Principal Place of Business

**8400 WEST 5000 SOUTH
MAGNA UT 84044**

Mailing Address

**600 SECOND STREET N.E.
HOPKINS MN 55343**

2. Principal Place of Business

2d S. Main St, Suite 400
Suite, Apt. #, etc.

3. Mailing Address

5050 Lincoln Drive
Suite, Apt. #, etc.

City & State

Salt Lake City UT

City & State

Edina, MN

Zip

84111

Country

USA

Zip

55436

Country

USA

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

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MEYERS, SCOTT S**
CITY-ST-ZIP **75 CLAY CLIFFE
TONKA BAY MN 55331**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MILLER, PAUL D**
CITY-ST-ZIP **3304 HEATHCOTE LANE
KESWICK VA 22947**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ROSS, PAUL A**
CITY-ST-ZIP **673 N. LITTLE TREE CIRCLE
SALT LAKE CITY UT 84108**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **VLAKAKIS, NICHOLAS G**
CITY-ST-ZIP **600 SECOND STREET NE
HOPKINS MN 55343**

TITLE ☐ Delete
NAME **Secre**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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 **Secre**
STREET ADDRESS **Perrin A. Hite**
CITY-ST-ZIP **5912 Crosswinds Street SE
Prior Lake, MN 55372**

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:

PERRIN A. HITE

1/14/02

952/351-3073

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

Date

Daytime Phone #

CR2E083 (9/01)