2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000459

Entity Name: COASTAL OPERATIONS INSTITUTE, INC.

Apr 22, 2003 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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6703 W. HWY. 98, BLDG. 452 6703 W. HWY. 98

PANAMA CITY, FL 32407 PANAMA CITY, FL 324077001

Current Mailing Address: New Mailing Address:

PO BOX 32069 PO BOX 32069

PANAMA CITY BEACH, FL 324077001 PANAMA CITY, FL 324077001

FEI Number: 59-3573554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDONALD, GLEN R COVERT, HAROLD D 6703 W. HWY. 98, BLDG. 452 P.O. BOX 32069

PANAMA CITY, FL 32407 PANAMA CITY, FL 324077001

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: HAROLD D. COVERT 04/22/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BRATTON, JIMMIE L BRATTON, JIMMIE L Name: Name: 4300 SAN MATEO BLVD., NE, STE.A-220 Address: 4300 SAN MATEO BLVD., NE, STE.A-220 Address:

City-St-Zip: ALBUQUERQUE, NW 87110 ALBUQUERQUE, NM 87110

City-St-Zip:

Title: Title: (X) Change () Addition () Delete DANTZLER, L N Name: DANTZLER, LARRY N Name: Address: 3000 S. HWY 77 Address: 3000 S. HWY 77

City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: () Change () Addition

MCSPADDEN, ROBERT PH.D. Name: Name: 5230 WEST HWY. 98 Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip:

() Delete Title: Title: (X) Change () Addition HINE, CHRIS Name: Name: ARNOLD, LARRY MAJGEN 415 BECKRICH RD #350 3705 RIVERWOOD COURT Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: ALEXANDRIA, VA 22309

Title: () Delete Title: (X) Change () Addition

ARTMAN, DAVID H PHD COVERT, HAROLD D Name: Name: 215 HARRISON AVE P.O. BOX 32069 Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32407

Title: () Delete Title: () Change () Addition

WRIGHT, EDWARD PH.D Name: Name: Address: 4750 COLLEGIATE DRIVE Address: PANAMA CITY, FL 32405 City-St-Zip: 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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD D. COVERT Μ 04/22/2003 DAVID STAFFORD TITLE-D NORTHROP GRUMMAN CORP. 1000 WILSON BLVD., STE 2300 ARLINGTON, VA 22209

CAROL ATKINSON TITLE-D GAC CONTRACTORS 4116 HWY 231N PANAMA CITY, FL 32404