

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90003 045 ***150.00

DOCUMENT # P08553

1. Corporation Name

TRACOR SERVICES CORPORATION

Principal Place of Business

VITRO SERVICES CORPORATION
INDUSTRIAL PARK
FORT WALTON BEACH FL 32548

Mailing Address

557 MARY ESTHER CUTOFF
INDUSTRIAL PARK
FT WALTON BCH FL 32548
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-2609328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME MANLEY, RICHARD A.
STREET ADDRESS 557 MARY ESTHER CUT-OFF
CITY-ST-ZIP FT WALTON BCH FL

TITLE VTS ☐ DELETE

NAME GILLIS, JAMES P.
STREET ADDRESS 557 MARY ESTHER CUT-OFF
CITY-ST-ZIP FT WALTON BCH FL

TITLE D ☒ DELETE

NAME SKAGGS, JAMES
STREET ADDRESS 6400 TRACOR LN
CITY-ST-ZIP AUSTIN TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Sec. Treas. Controller ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP, AS ☐ Change ☒ Addition
3.2 NAME John A. Currier
3.3 STREET ADDRESS 1601 Research BLVD
3.4 CITY-ST-ZIP Rockville MD 20850

4.1 TITLE VP, AT ☐ Change ☒ Addition
4.2 NAME Peter V. Price
4.3 STREET ADDRESS 1601 Research Blvd
4.4 CITY-ST-ZIP Rockville MD 20850

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME D. Mark BAKER
5.3 STREET ADDRESS 1601 Research Blvd
5.4 CITY-ST-ZIP Rockville MD 20850

6.1 TITLE DIR ☐ Change ☒ Addition
6.2 NAME K. Bruce Hamilton
6.3 STREET ADDRESS 1601 Research BLVD
6.4 CITY-ST-ZIP Rockville MD 20850

14. 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 annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0567707