

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90155 049 ***150.00

06/2017

DOCUMENT # P08553

1. Entity Name

BAE SYSTEMS TECHNICAL SERVICES INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2609328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

765602



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **MANLEY, RICHARD A. G.S. ELDRIDGE** ☐ Delete
 STREET ADDRESS **557 MARY ESTHER CUT-OFF**
 CITY-ST-ZIP **FT WALTON BCH FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **G.S. ELDRIDGE**
 STREET ADDRESS **557 MARY ESTHER CUT-OFF**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
 NAME **CURRIER, JOHN A**
 STREET ADDRESS **1601 RESEARCH BLVD**
 CITY-ST-ZIP **ROCKVILLE MD 20850**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPAT** ☐ Delete
 NAME **PRICE, PETER V**
 STREET ADDRESS **1601 REASEARCH BLVD**
 CITY-ST-ZIP **ROCKVILLE MD 20850**

TITLE **RETIRED VPAT** ☒ Change ☐ Addition
 NAME **RT. MURPHY**
 STREET ADDRESS **557 MARY ESTHER CUTOFF**
 CITY-ST-ZIP **FT WALTON BCH FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 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

4/30/01

(850)

244-7546

Date

Daytime Phone #

CR2E034 (10/00)