| C T CORPORATION SYSTEM 660 East Jefferson Street | |
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| Dtowle Nome | |
| Requestor's Name Tallahassee, Florida 32301 700002764767 | a |
| Address -02/04/9901060022 | i - |
| (850) 222-1092 ******35.80 ******35.1 | UU |
| City State Zip Phone | |
| CORPORATION(S) NAME | |
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| Logicon Ri D Associates FE 7 | |
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| () Limited Liability Company () Foreign () Mark () Mark | |
| (7. 5.5.g.) | |
| () Limited Partnership () Annual Report () Other | |
| () Reinstatement () Fict. Filing () Change of R.A. () Reinstatement () Fict. Filing () UCC=1 UCC-3 | |
| () Limited Liability Partnership () CUS | · · |
| () Certified Copy | |
| () Call When Ready () Call if Problem () After 4:30 | |
| Walk In () Will Wait | |
| () Mail Out | _ |
| Name Availability Please Return Extra Copy(Filed Stamp | s)] |
| TYCHICLOTTES | |
| Document Thanks, Melanie — Examiner | - |
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APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| Logicon R & D Associates, Inc | |
|--|---|
| (Name of Corporation) | |
| California | |
| (Incorporated Under Laws Of) | |
| This corporation is no longer transacting business or conducting a Florida and hereby voluntarily surrenders its authority to transact lin Florida. | affairs within the State of business or conduct affairs |
| This corporation revokes the authority of its registered agent in Flewhalf and appoints the Department of State as its agent for servicause of action arising during the time it was authorized to transafairs in Florida. | orida to accept service on its ice of process based on a ct business or conduct af- |
| The following is a current mailing address to which the Department any process against this corporation that may be served on the D | nt of State may mail a copy of pepartment. |
| 3701 Skypark Drive, #200 | <u> </u> |
| (Mailing Address) | |
| Torrance, California 90505 | O D D D D D D D D D D D D D D D D D D D |
| (City - State - Zip) | FE STANCE |
| The corporation agrees to notify the Department of State in the finalling address. | uture of any change as its |
| Um MaeM Signature | 1-26-99 Date |
| Amy McLachlan | |
| Typed or printed name | <u> 2</u> 7 |
| Assistant Secretary | ≠ . Ne. |
| Title | |