FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12047 (7)

1. Corporation Name
HERCULES DEFENSE ELECTRONICS SYSTEMS, INC.

Principal Place of Business	Mailing Address
1313 N MARKET ST WILMINTON DE 19894 US	1313 N MARKET ST WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 38-2695312 ☐ 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 has liability for intangible tax under s. 199.042, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	CRANE, JOHN	NAME	
STREET ADDRESS	116 OLDBURY DR	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	CITY-ST-ZIP	Wilmington, DE 19808
TITLE	AST	TITLE	☒ Change ☐ Addition
NAME	SHORT, DONALD W.	NAME	
STREET ADDRESS	9 QUAIL DR	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	CITY-ST-ZIP	Landenberg, PA 19350
TITLE	S	TITLE	☒ Change ☐ Addition
NAME	FLOYD, ISRAEL J.	NAME	
STREET ADDRESS	5 BLUEBERRY COURT	STREET ADDRESS	
CITY-ST-ZIP	HOCKESSIN DE	CITY-ST-ZIP	Hockessin, DE 19707
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	SHORT, DONALD W	NAME	
STREET ADDRESS	9 QUAIL DR	STREET ADDRESS	
CITY-ST-ZIP	LNDENBURG PA	CITY-ST-ZIP	Landenberg, PA 19350
TITLE	T	TITLE	☒ Change ☐ Addition
NAME	MACKENZIE, GEORGE	NAME	
STREET ADDRESS	360 HIGH RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	CITY-ST-ZIP	Chadds FOrd, PA 19317
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	KROSSER, HOWARD S	NAME	
STREET ADDRESS	P O BOX 58 N/A	STREET ADDRESS	
CITY-ST-ZIP	ROCKLAND DE	CITY-ST-ZIP	Rockland, DE 19732

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: G. Mackenzie Treasurer 5/1/95 (302) 594-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474205 FP