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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12047**

1. Corporation Name

ALLIANT DEFENSE ELECTRONICS SYSTEMS, INC.

Principal Place of Business

**13133 34TH ST. N
CLEARWATER FL 34622
US**

Mailing Address

**600 SECOND STREET, NE
ATTN: TAX DEPT
HOPKINS MN 55343
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1986

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 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.

27 City & State

28 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 provisions 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PMD
ROBERT J WITHAM**
STREET ADDRESS **1725 JEFFERSON DAVIS HWY., SUITE 901**
CITY-ST-ZIP **ARLINGTON VA**

TITLE ☐ DELETE

NAME **V
DARYL L. ZIMMER**
STREET ADDRESS **600 SECOND STREET, NE**
CITY-ST-ZIP **HOPKINS MN**

TITLE ☐ DELETE

NAME **S
CHARLES H GAUCK**
STREET ADDRESS **600 SECOND STREET, NE**
CITY-ST-ZIP **HOPKINS MN**

TITLE ☐ DELETE

NAME **T
HENDERSON D. GRIFFITH**
STREET ADDRESS **13133 34TH STREET, N.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D
STICINSKI, DON L**
STREET ADDRESS **4049 E PROSPECTOR DR**
CITY-ST-ZIP **SALT LAKE CITY UT 84108**

TITLE ☐ DELETE

NAME **D
PICEK, JOHN S**
STREET ADDRESS **16040 48TH AVE N**
CITY-ST-ZIP **PLYMOUTH MN**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PMD
William G. Wilson**
1.3 STREET ADDRESS **600 Second St. NE**
1.4 CITY-ST-ZIP **Hopkins, MN 55343**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D
Thomas G. Sexton**
6.3 STREET ADDRESS **600 Second St. NE**
6.4 CITY-ST-ZIP **Hopkins, MN 55343**

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:

Charles H Gauck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-99 (612) 931-6144

CR2E034 (11/98)