FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE .

Sandra B Mortham

Secretary of State DIVISION OF CORFORATIONS

1996

DOCUMENT # P25261

(9)

HARRIS SPACE SYSTEMS CORPORATION												
Principal Place	of Business	Mailing Addre	ISS									
% THE CORPORATION TRUST COMPANY % THE CORPORATION TO 1025 W NASA BLVD 1025 W NASA BLVD MELBOURNE FL 32919 MELBOURNE FL 32919					RUST COMPANY							
WEEROOKN	E FL 32919	MEDROOHI	NE FL 32919			İ	3. Date Incorporated or Qualified	За.	Date of Last R	•		
							07/20/1989	_	05/01/19			
2. Principal Pla	ace of Business	2a. Mailing Ad	ldress				4. FEI Number			Applied For		
11		26					59-2948086		طحماه با	Not Applicable	e	
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				5. Certificate of Status Desired		•	Additional Required		
City & State	2	City & Sta	City & State				6. Election Campaign Financing					
3		28				ļ	Trust Fund Contribution			O May Be d to Fees		
Zip	Country	Zip	T	Country			8. This corporation has liability fo	r intanoit				
.4	25	29	30			Florida Statutes						
	9. Name and Address of Curre	nt Registered Age	nt		•		10. Name and Address of New	Registe	ed Agent			
				81	Name							
CT CO	RPORATION SYSTEM			82	Street	Address	s (P.O. Box Number is Not Accepta	able)			-	
1200 S	5. PINE ISLAND ROAD										_	
PLANTA	ATION FL 33324			83								
				84	City				85 Zi	p Code		
			and the same of th		1				I⁻L │ │		_[
or register familiar wi	to the provisions of Sections 607,050, red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Flo da. Such change w tion 607.0505, Florid	rida Statutes, Ind as authorized by da Statutes	the corp	named co oration's	orporate board c	on sut mics this statement for the p of directors. Thereby accept the ap	urpose c pointnie	ril as registerec	egistered offic Lagent, Lam	ce	
SIGNATURE	Signature, typed or printed name of registered agent	sort totalif applicable.	MICHA - Fren	State of Arrest	o' Elicu at vel s	W. Land L. Add	en feins altrig	D _V			. _	
12.		ID DIRECTORS	(ACME HES	13.	1. signature i	educed w	ADDITIONS/CHANGES TO OF			DRS IN 12	CR2E034 (12/95)	
TOLE	PD		DELETE	1. 1 TITLE		VT			Change	Addition	[2]	
NAME	FARMER, P.W.			1.2 NAME		WA	SSERMAN, D.S. 5 WEST NASA BL	.78			2	
STREET ADDRESS	1025 WEST NASA BLVD.			1.3 STREET	ADDRESS	102	5 WEST NASA BL	.V 23 ,				
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY - S	ST-ZIP	M	ELBOURNE FL				딞짇	
TITLE	V	X	DELETE	2.1 Till.E					Change	☐ Addition	၂၀	
NAME	HENRY, A. S.			2.2 NAME								
STREET ADDRESS	1025 WEST NASA BLVD.			2.3 STREET	ADDRESS							
CITY-ST-ZIP	MELBOURNE FL			2 4 CiTY - S	ST ZIP							
TITLE	VD		DELETE	3. 1 TITLE					☐ Change	Addition		
NAME	ROUB, B.R.			3.2 NAME								
STREET ADDRESS	1025 WEST NASA BLVD.			3.3. STREE	F ADDRESS							
CITY - ST - ZIP	MELBOURNE FL			3 4 CHY - S	S1 - ZiP							
TITLE	V	5 \$\(\)	DELETE	4. 1 11TLE					Change	Addition		
NAME	SULLIVAN, R.E.			4.2 NAME								
STREET ADDRESS	1025 WEST NASA BLVD.			4 3 STREET	ADDRESS							
CITY-ST-ZIP	MELBOURNE FL	1		4.4 CHY-5	31 - ZIP							
THTLE	AS		DELETE	5 1 THILE					[] Change	Addition Addition		
NAME	FINK, K.G.			5.2 NAME								
STREET ADDRESS	1025 WEST NASA BLVD.		İ	53 STAEE	ADDRESS						}	
CITY-ST-ZIP	MELBOURNE FL			54 CITY-3	ST-ZIP							
TITLE	SD		DELETE	6 1 TITLE					Change	Addition	-	
NAME	BALLANTYNE, R L			6 2 NAME								
STREET ADDRESS	1025 WEST NASA BLVD.			6 3 STREE	ADDRESS		3 * 1 × 1 × 1					
CITY-ST-ZIP	MELBOURNE FL			6.4 CITY - 5	SI-ZIP	<u> </u>	*** «					

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 eath; 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 atlachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-9-96 407-727-9100 Date: Phone +