2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30871

Entity Name: ALLIANT TECHSYSTEMS INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:	
5050 LINC EDINA, MI	OLN DRIVE N 55436 U	S			
Current Mailing Address:			New Ma	New Mailing Address:	
5050 LINC	K POWELL OLN DRIVE N 554361097	US			
FEI Number	: 41-1672694	FEI Number Applied For ()	FEI Number Not Ap	oplicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name ar	nd Address of New Registered Agent:	
1200 S. PI	ORATION SY: NE ISLAND R ION, FL 3332	OAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	g its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIO	DNS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPCF (RANGEN, ERIO 1376 MICHELI EGEN, MN 55	LE DRIVE	Title: Name: Address: City-St-Zip	VPCF (X) Change () Addition SHROYER, JOHN L 5050 LINCOLN DRIVE : EDINA, MN 554361097 US	
Title: Name: Address: City-St-Zip:	D (VAN DYKE, W 6113 SAXONY EDINA, MN 55	ROAD	Title: Name: Address: City-St-Zip	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MURPHY, DAN 6425 THORNE VICTORIA, MN	ERRY CURVE	Title: Name: Address: City-St-Zip	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCREAVY, RO 1814 SHADY (Title: Name: Address: City-St-Zip	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSS, KEITH 11896 GERMA) Delete D INE TERRACE E, MN 55347 US	Title: Name: Address: City-St-Zip	() Change () Addition	
Title: Name: Address: City-St-Zip:	CCEO (MURPHY, DAN 6425 THORNE VICTORIA, MN	ERRY CURVE	Title: Name: Address: City-St-Zip	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH D. ROSS VS 04/24/2006