

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30871

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ALLIANT TECHSYSTEMS INC.

## Current Principal Place of Business:

5050 LINCOLN DRIVE  
EDINA, MN 55436 US

## New Principal Place of Business:

## Current Mailing Address:

ATTN DICK POWELL  
5050 LINCOLN DRIVE  
EDINA, MN 554361097 US

## New Mailing Address:

FEI Number: 41-1672694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPCF ( ) Delete  
Name: SHROYER, JOHN L  
Address: 5050 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 554361097 US

Title: D ( ) Delete  
Name: VAN DYKE, WILLIAM G  
Address: 6113 SAXONY ROAD  
City-St-Zip: EDINA, MN 55436 US

Title: D ( ) Delete  
Name: MURPHY, DANIEL J  
Address: 6425 THORNBERRY CURVE  
City-St-Zip: VICTORIA, MN 55331 US

Title: T ( ) Delete  
Name: MCREAVY, ROBERT  
Address: 1814 SHADY OAK LANE  
City-St-Zip: MINNETONKA, MN 55343 US

Title: VS ( ) Delete  
Name: ROSS, KEITH D  
Address: 11896 GERMAINE TERRACE  
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: CCEO ( ) Delete  
Name: MURPHY, DANIEL J  
Address: 6425 THORNBERRY CURVE  
City-St-Zip: VICTORIA, MN 55331 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WOLD, STEVE P  
Address: 5050 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date