

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P36737**

1. Corporation Name

**TRACOR FLIGHT SYSTEMS, INC.**

Principal Place of Business

**6500 TRACOR LN  
AUSTIN TX 78725**

Mailing Address

**6500 TRACOR LN  
AUSTIN TX 78725**

3. Date Incorporated or Qualified  
**12/18/91**

3a. Date of Last Report  
**05/01/96**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**74-2617749**

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. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

(Type, print, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PRESIDENT**

☒ DELETE

**FAGAN, DONALD L.**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VICE PRESIDENT**

☒ DELETE

**BARKER, RAY**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VICE PRESIDENT**

☒ DELETE

**SHAW, MURRAY**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VICE PRESIDENT/DIRECTOR**

☐ DELETE

**SKAGGS, JAMES B.**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**ASST TREASURER**

☐ DELETE

**STEVEN E. THOMPSON**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP/TREASURER**

☐ DELETE

**ENDSLEY, WOODY**

**6500 TRACOR LANE**

**AUSTIN TX 78725**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PRESIDENT**

☐ Change

☒ Addition

**LAWRENCE, DAVID, L.**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VICE PRESIDENT**

☐ Change

☒ Addition

**FLOYD, ROBERT K.**

**6500 TRACOR LANE,**

**AUSTIN, TX 78725**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VP/SECRETARY**

☐ Change

☒ Addition

**PAINTON, RUSSELL E.**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**ASST SECRETARY**

☐ Change

☒ Addition

**W. MICHAEL MURRAY**

**6500 TRACOR LANE**

**AUSTIN, TX 78725**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800002193788**

**-05/28/97--01102--019**

**\*\*\*165.00**

14. I do 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 included 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN E. THOMPSON, ASSISTANT TREASURER**

**4/28/97**

Date

**(512) 929-4682**

Daytime Phone #

CR2E034 (9/96)