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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36737

TRACOR FLIGHT SYSTEMS, INC.

		Matter Address					
Principal Place of Business		Mailing Address					
6500 TRACOR LANE AUSTIN TX 78725		6500 TRACOR LANE AUSTIN TX 78725					
				İ	DO NOT WRITE IN THIS SPACE		
				3	Date Incorporated or Qualifed 12/18/1991		
2. Principal Place of Business		2a. Mailing Address		4	, FEI Number		Applied For
21		26			74-2617749		Not Applica
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5	5. Certificate of Status Desired \$8.75 Addition Fee Require		_
City & State		City & State		6	i. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip 29 30	p Country		 This corporation owes the current year Personal Property Tax. 	Intangible XI Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
PLAN	TATION FL 33324		83				

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change X DELETE 1.1 TITLE TITLE DAVID L. DALLOB GEORGE R MELTON 1.2 NAME NAME 40 1601 Research Blud **6500 TRACOR LANE** 1.3 STREET ADORESS STREET ADDRESS Rockville MD 20850 **AUSTIN TX** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition **⊠** DELETE [] Change 2.1 TITLE President TITLE Ben Medley FLOYD, ROBERT K 2.2 NAME NAME 40 1601 Research Blud 6500 TRACOR LANE 2.3 STREET ADDRESS STREET ADDRESS **AUSTIN TX** Rockville MD 20850 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE VP/Treas/Sec TITLE C.J. Reid 40 1601 Research Blud PAINTON, RUSSELL E 3.2 NAME NAME 6500 TRACOR LANE 3.3 STREET ADORESS STREET ADDRESS **AUSTIN TX** Rockville MD 20850 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition **☑** DELETE 4.1 TITLE VP, AS, Director TITLE John A. Currier SKAGGS, JAMES B. 4 2 NAME NAME 1601 Research Blud 6500 TRACOR LANE 4.3 STREET ADDRESS STREET ADDRESS **AUSTIN TX** Rockville MD 20850 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition : **M** DELETE 5.1 TITLE **扫 A**S TITLE THOMPSON, STEVEN E 5.2 NAME J.T. Grablewski NAME cla 1601 Research Blud 5.3 STREET ADDRESS 6500 TRACOR LANE STREET ADDRESS 5.4 CITY-ST-ZIP **AUSTIN TX** Rockville MD 20850 CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE Director ENDSLEY, WOODY NAME Mark H. Ronald 1601 Research Blud 6.3 STREET ADDRESS 6500 TRACOR LANE STREET ADDRESS 6.4 CITY-ST-ZIP Rockville **AUSTIN TX** MD 20850 CITY-ST-ZIP

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 13 if chapted or on an attachment with an address with all other like appearance. with an address, with all other like empowered. Block 12 or Block 13 if char

SIGNATURE:

(11/98)CR2E034

Applied For Not Applicable

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FILED May 04, 1999 8:00 am

Secretary of State

05-04-1999 90181 015 ***150.00