

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36737

1. Entity Name

TRACOR FLIGHT SYSTEMS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90994 043 ***150.00

Principal Place of Business

Mailing Address

6500 TRACOR LANE
AUSTIN TX 78725

6500 TRACOR LANE
AUSTIN TX 78725-2151

2. Principal Place of Business

Mojave Airport, Hangar 75

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1326 Flight Line

City & State

Mojave CA

City & State

4. FEI Number

74-2617749

Applied For

Not Applicable

Zip

93501-1665

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DALLOB, DAVID L
C/O 1601 RESEARCH BLVD.
ROCKVILLE MD 20850 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Melton, George R
c/o 6500 Tracor Lane
Austin TX 78725 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MEDLEY, BEN
C/O 1601 RESEARCH BLVD.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Medley, Ben
c/o 1601 Research Blvd
Rockville MD 20850 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
REID, C.J.
C/O 1601 RESEARCH BLVD.
ROCKVILLE MD 20850 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT CFO
Murphy, Robert
c/o 1601 Research Blvd
Rockville MD 20850 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VASD
CURRIER, JOHN A
C/O 1601 RESEARCH BLVD.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
Finkel, Susan L.
c/o 6500 Tracor Lane
Austin TX 78725 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GRABLEWSKI, J.T.
C/O 1601 RESEARCH BLVD.
ROCKVILLE MD ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
Williamson, Richard P.
c/o 6500 Tracor Lane
Austin TX 78725 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RONALD, MARK H
1601 RESEARCH BLVD.
ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Modig, James R.
Mojave Airport
Mojave CA 93501-1691 ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Finkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

512-929-2230

Daytime Phone #

CFR2E034 (9/99)