

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90009 034 \*\*\*150.00

**DOCUMENT # P94000031636**

**1. Entity Name**  
**ROCKWELL COMMUNICATIONS CORPORATION**

**Principal Place of Business**

**1700 OLD MEADOW RD.  
 3RD FLR.  
 MCLEAN VA 22102**

**Mailing Address**

**1700 OLD MEADOW RD.  
 3RD FLR.  
 MCLEAN VA 22102**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0315300**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**HAZARD, NEIL L  
 1300 SAWGRASS CORPORATE PKWY  
 SUITE 250  
 SUNRISE FL 33323**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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, 2002 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**

**TITLE PD**  
**NAME SINGH, K. PAUL**  
**STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.**  
**CITY-ST-ZIP MCLEAN VA 22102**



**TITLE S**  
**NAME SLOTKIN, DAVID P**  
**STREET ADDRESS 4801 SHERIDAN ST., 6TH FLR.**  
**CITY-ST-ZIP HOLLYWOOD FL 33021**



**TITLE VPD**  
**NAME DEPODESTA, JOHN**  
**STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.**  
**CITY-ST-ZIP MCLEAN VA 22102**



**TITLE TD**  
**NAME HAZARD, NEIL**  
**STREET ADDRESS 1300 SAWGRASS CORPORATE PKWY, SUITE 250**  
**CITY-ST-ZIP SUNRISE FL 33323**



**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

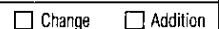


**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



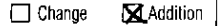
**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**



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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)