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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information suppli indicated on this annual report or suppler officer or director of the corporation of the

officer or director of the corporation Block 12 or Block 13 if changes 10

P97000063761 (5)

KRATOS USA, INC. Principal Place of Business Mailing Address 6701 COLLINS AVE. 6701 COLLINS AVE. MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zω 8. This corporation owes or has paid the current year intangible ☐ No Personal Property 1ax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRIED, MARK E 1110 BRICKELL AVE. STE. 700 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 13. 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 Horida. 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 Signature, typod or printed name of regestered agent used title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE TITLE 1.1 11116 TURASHEV, ANDREI N NAME 1.2 NAME 6701 COLLINS AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-S1-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CRY-ST-7IP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ___ Change Addition 5.1 1IJUF TITLE **200002422962** -02/06/98--01002--018 5.2 NAME + NAME STREET ADDRESS 5.3 STREET ADDRESS ***150.00 5.4 CITY - ST - ZIP CITY-ST-ZIP

DELETE

6.1 111LE

6.2 NAME

6.3 STREET ADDRESS

id with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

hental 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 preceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

\ddition

FILED

Feb 04 1998 8:00am

Secretary of State