

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 042 ***150.00

DOCUMENT # F00000006394

1. Entity Name

MARCONI COMMUNICATIONS FEDERAL, INC.

Principal Place of Business

Mailing Address

~~1000 FORE DRIVE~~
 WARRENDALE PA 15086

~~1000 FORE DRIVE~~
 WARRENDALE PA 15086

2. Principal Place of Business

1000 Marconi Drive

3. Mailing Address

1000 Marconi Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1744631**

Applied For
 Not Applicable

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	KENT, RICHARD F	
STREET ADDRESS	5457 TWIN KNOLLS ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOLOSIVANY, GERALD F	
STREET ADDRESS	5457 TWIN KNOLLS ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLEY, PETER J	
STREET ADDRESS	1000 FORE DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIDGWATER, WILLIAM E	
STREET ADDRESS	1000 FORE DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darrin T. Coulson	
STREET ADDRESS	1000 FORE DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice Admiral Howard B. Thorsen	
STREET ADDRESS	5457 Twin Knolls Road	
CITY-ST-ZIP	Columbia, MD 21045	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Devine	
STREET ADDRESS	5457 Twin Knolls Road	
CITY-ST-ZIP	Columbia, MD 21045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrin Coulson 4/30/01

Date

734-742-7861

Daytime Phone #

CR2E034 (10/00)