

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97.00002233**  
 1. Corporation Name  
**L-3 COMMUNICATIONS CORPORATION**

Principal Place of Business: **600 THIRD AV NEW YORK NY 10016 -1901**  
 Mailing Address: **600 THIRD AV NEW YORK NY 10016-1901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**APRIL 28, 1997**

4. FEI Number  
**13-3937436**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**c/o CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>C/D</b>
13 STREET ADDRESS	<b>FRANK C. LANZA</b>
14 CITY-ST-ZIP	<b>600 THIRD AV</b>
15 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>P/D</b>
23 STREET ADDRESS	<b>ROBERT V. LaPENTA</b>
24 CITY-ST-ZIP	<b>600 THIRD AV</b>
25 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>V</b>
33 STREET ADDRESS	<b>MICHAEL T. STRIANESE</b>
34 CITY-ST-ZIP	<b>600 THIRD AV</b>
35 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>V/S</b>
43 STREET ADDRESS	<b>CHRISTOPHER C. CAMBRIA</b>
44 CITY-ST-ZIP	<b>600 THIRD AV</b>
45 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>V/T</b>
53 STREET ADDRESS	<b>LAWRENCE W. O'BRIEN</b>
54 CITY-ST-ZIP	<b>600 THIRD AV</b>
55 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>V</b>
63 STREET ADDRESS	<b>ROBERT F. O'BRIEN</b>
64 CITY-ST-ZIP	<b>600 THIRD AV</b>
65 CITY-ST-ZIP	<b>NEW YORK NY 10016-1901</b>

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 reporting 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lawrence W. O'Brien** **LAWRENCE W. O'BRIEN** **4/27/98** (212) 697-1111

CR2E034 (10/97)