

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 048 ***150.00

DOCUMENT # F97000002233

1. Entity Name

L-3 COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

600 3RD AVE.
 NEW YORK NY 10016

600 3RD AVE.
 NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3937436**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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. (See criteria on back)

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 | CD | <input type="checkbox"/> Delete |
| NAME | LANZA, FRANK C | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LAPENTA, ROBERT V | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | STRIANESE, MICHAEL T | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | MEHREL, ROBERT F | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | CAMBRIA, CHRISTOPHER C | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, LAWRENCE W | |
| STREET ADDRESS | 600 3RD AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10016 | |

| | | |
|----------------|-------------------|--|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Butler, David | |
| STREET ADDRESS | 600 Third Avenue | |
| CITY-ST-ZIP | New York NY 10016 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Burnett, Gregg | |
| STREET ADDRESS | 600 Third Avenue | |
| CITY-ST-ZIP | New York NY 10016 | |
| 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:

Gregg Burnett *Gregg Burnett*
 ASST. SECRETARY 4/25/01 (212) 697-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0441685