

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90299 015 ***150.00

DOCUMENT # F97000002233

1. Entity Name
L-3 COMMUNICATIONS CORPORATION

Principal Place of Business
**600 3RD AVE.
 NEW YORK NY 10016**

Mailing Address
**600 3RD AVE.
 NEW YORK NY 10016**



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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 type="checkbox"/> Delete
NAME	BUTLER, DAVID	
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 checked="" type="checkbox"/> Delete
NAME	O'BRIEN, LAWRENCE W	
STREET ADDRESS	600 3RD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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* **SIGNATURE REQUIRED** 4/25/02 (212) 697-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)