

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90026 015 ***150.00

DOCUMENT # F98000005936

1. Entity Name
EER SYSTEMS, INC.

Principal Place of Business 10289 AEROSPACE RD. SEABROOK MD 20706-2280	Mailing Address 10289 AEROSPACE RD. SEABROOK MD 20151-3222
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3750 Centerview Dr Suite, Apt. #, etc.
City & State	City & State Chantilly, VA
Zip 20151	Country Fairfax



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

4. FEI Number **54-1349668**

Applied For Not Applicable

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

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GUPTA, JAI N 10289 AEROSPACE RD. SEABROOK MD 20706-2280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAWARI, PREKIMI V 10289 AEROSPACE RD. SEABROOK MD 20706-2280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUPTA, CHAND N 10289 AEROSPACE RD. SEABROOK MD 20706-2280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, SHASHI A 10289 AEROSPACE RD. SEABROOK MD 20706-2280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 Centerview Dr Chantilly, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 Centerview Dr Chantilly, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 Centerview Dr. Chantilly, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CHAND N. GUPTA** Date: **4/24/00** Daytime Phone #: **703-375-6530**

CR2E034 (9/99)