

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71360

FILED
Jan 29, 2009
Secretary of State

Entity Name: L-3 COMMUNICATIONS ADVANCED LASER SYSTEMS TECHNOLOGY, INC.

Current Principal Place of Business:

2500 NORTH ORANGE BLOSSOM TRAIL
35TH FL
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

600 THIRD AVE
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 59-2808669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKINNEY, ROBERT E
Address: 6860 EDGEWATER COMMERCE PKWY, STE 500
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: BELLAR, DENNIS R
Address: 6860 EDGEWATER COMM PKYW, STE 500
City-St-Zip: ORLANDO, FL 32810

Title: VP () Delete
Name: VAN BLERKOM, LAWRENCE
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POST, STEVE
Address: 600 THIRD AV
City-St-Zip: NEW YORK, NY 10016

Title: SEC (X) Change () Addition
Name: POST, STEVE
Address: 600 THIRD AVE
City-St-Zip: NEW YORK, NY 10016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE VAN BLERKOM

VP

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date