

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00. 2. Name of Corporation
Applied Radar, Inc. 1. Corporate ID No. 115833 3. Street Address Principal Business Office 210 AIRPORT STREET NÖRTH KINGSTOWN RI 02852 4. Business Phone No 5. State of Incorporation 401-295-0062 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN RESEARCH, ANALYSIS, DESIGN, DEVELOPMENT AND MANUFACTURING OF ELECTRONIC SYSTEMS AND 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael A. Sherry William H. Weedon Street Address Street Address 92 Bayfield Drive 159 Shadow Brook Drive State ^{Ζφ} 02886 Wakefield RI 02879-4526 Warwick RI Secretary Name Treasurer Nam Michael A. Sherry William H. Weedon Street Address Street Address 159 Shadow Brook Drive 92 Bayfield Drive State State **02886** Warwick RI Wakefield RI 02879-4526 S. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT). | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State ZipCity State ZipDirector Name Director Name Street Address Street Address State Zip State 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Number of Shares

THIS SECTION

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This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

instruction sheet.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct Signature Michael A. Sherry Print or Type Name

Class/Series

COMMON

President

Title

Par Value

NO PAR VALUE