

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2005

401,222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 115833 Applied Radar, Inc. 3 Street Address Principal Business Office State City KINGSTOWN 210 RI 02852 AIRPORT STREET. 4. Business Phone No. 6. SIC Code 5. State of Incorporation 401-295-0062 7518 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN RESEARCH, ANALYSIS, DESIGN, DEVELOPMENT AND MANUFACTURING OF ELECTRONIC SYSTEMS AND SOFTWARE 8. NAMES AND ADDRESSES OF THE OFFICERS: (\*X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name WILLIAM H. WEEDON SHERRY MICHAEL Street Address Street Address BROOK 159 SHADOW DRIVE State ZΨ City State 02886 WAKEFIELD WARWICK RIRI Treasurer Name Secretary Name NONE NONE Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE WILLIAM Н٠ WEEDON Street Address Since Address 159 SHADOW BROOK State Zip 02886 WARWICK RIDirector Name Director Name NONE NONE Street Address Street Address Zip State Zip Cin State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 NO PAR VALUE 0 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. File Date William Signature of Officer WILLIAM Print or Type Name of Officer PRESIDENT FOR SECRETARY OF STATE USE ONLY Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPO	March 1 • Filing	IUAL REPORT g Fee: \$50.00	FOR THE YEA	AR200	)4	
1. Corporate ID No	2. Name of Corporation					
115833 3 Street Address Principal Business	Applied Radar,		North Kings	L Suuc OT	02852	
4. Husiness Phone No.	rt Street	5. State of Incorporation	North Kings	town RI	6. SIC Code	
401 - 295 - 0062 RHODE ISLAND				<u> </u>	7518	
7. Brief Description of the Character TO ENGAGE IN RESEA SOFTWARE 8. NAMES AND ADDRESSE	AŘCH, ANALYSIS, DES	SIGN, DEVELOPMENT A	ND MANUFACTURING OF CHMENT)   FILL IN	ELECTRONIC SYSTEMS SPACES BEFORE USIN		
William H. Weedon III			Vice President Name Michael A. Sherry			
Street Address 210 Airport Street			Sirce Address 210 Airport Street			
North Kingtown	State RI	21p 0 2052	North Kingsto	un State RI	Zip 0285 2	
Socretary Name	^( <i>P</i>		Treasurer Name NUN e			
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Director Name Street Address			Director Name  Street Address	one		
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10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACE	HMENT) [	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
8,000 NO PAR VALUE			NONE			
			NONE			
This report must be	signed in ink by eith	er the President, Vice I	President, Secretary, Assis	tant Secretary, Treasurer	, Receiver or Trustee	
			including any acco	impanying schedules and st	that I have examined this report, atements, and that all statements	
File Date 26 04 114 EN 11 67. HIS			william H. Weerlon Etc. 1/12/04			
Check No. 1659			Signature of Officer Date William H. Werdon TT			
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Officer President			
			Title of Officer			

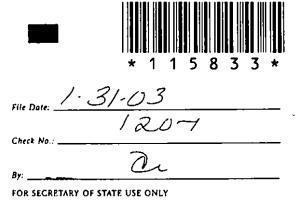
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 115833 Applied Radar, Inc. North Kingstown State RI 3. Street Address Principal Business Office 210 Airport 02852 401-295-0062 7518 7. Brief Description of the Character of Business Conducted in Rhode Island Design and Development of microwave systems
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name William H. Weedon III Michael A. Sherry Street Address 210 Airport St. 210 Airport St. North Kingstown State R.I. North Kingstown State R.I. Secretary Name NONE NONE Street Address Street Address ZIp City City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE William H. Weedon III Street Address 210 Airport St. North Kingstown R.I. 21p 02852 City State Zip Director Name Director Name NONE NONE Street Address Street Address City State Zip State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ESSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Series Par Value NONE 8,000 NO PAR VALUE NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm tha	
this report, including any accompanying schedule that all statements contained herein are true and	
michael anhew Clu	
Signature of Office.	Date
Michael Andrew Shern	4

Michael Hydrew Sherry
Print or Type Name of Officer
Vice Precident

of Officer

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				`
1. Corporate ID No.	2. Name of Corporat	ion ·			
115833	Applied Rad				
3. Street Address Principal Business	• •		City	State	Zip
115 Airport S	t.	5. State of Incorporatio	N. Kingstown	RI	02852 6. SIC Code
401-295-0062 7. Brief Description of the Characte	er of Business Conducted in	RHODE ISLAN Rhode Island	D		7518
Research and 8. NAMES AND ADDRES President Name	Development o	f Electronic Sy CERS (*X* BOX FOR ATT)	STEMS ACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
William H. We Street Address	edon		Street Address		
7º Timberline	Rd.				
City	State	Zip	City	State	Zip
Warwick	RI .	02886	Treasuter Name		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRE	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
William H. We Street Address	edon		Street Address		
79 Timberline	e Rd. State	Zip	City	State	Zip
Varwick Director Name	RI	02886	Director Name	••	
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED STARES	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

71.71.6	that all statements contained herein are
File Date:	Sienyluse of Officer
Check No.: 1650	stemplare of Officer  William H. Weedon
ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President

Stenylure of Officer	2/14/02
Stenylure of Officer	Date
William H. Weedon	
Print or Type Name of Officer	
President Title of Officer	
<b>⇔</b> s"	Form 630 12/0