

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90051 022 ***150.00

DOCUMENT # 149070

1. Entity Name
EADS SOGERMA BARFIELD, INC.



Principal Place of Business
**4101 N.W. 29TH STREET
MIAMI FL 33142**

Mailing Address
**4101 N.W. 29TH STREET
MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0556588**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **AIMARD, LAURENT**
STREET ADDRESS **4101 N W 29TH ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **TROLLIET, Regis**
STREET ADDRESS **4101 NW 29 Street**
CITY-ST-ZIP **Miami, FL 33142**

TITLE **C** ☐ Delete
NAME **MONCEAUX, JEAN-LUC**
STREET ADDRESS **AV GEORGE BARRE BP2**
CITY-ST-ZIP **MERIGNACG FR**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLERC-RENAUD, PIERRE**
STREET ADDRESS **4101 NW 29TH ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **LEFEUVRE, Alain**
STREET ADDRESS **4101 NW 29 Street**
CITY-ST-ZIP **Miami, FL 33142**

TITLE **D** ☐ Delete
NAME **RICHARD, YVES**
STREET ADDRESS **AV GEORG BARRE BP2**
CITY-ST-ZIP **MERIGNAC, FR**

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **PHILIBERT, GEORGES X**
STREET ADDRESS **4101 NW 29TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHULZ, Eric**
STREET ADDRESS **4101 NW 29 Street**
CITY-ST-ZIP **Miami, FL 33142**

TITLE **D** ☐ Delete
NAME **EMKER, HORST**
STREET ADDRESS **4101 NW 29 ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **VACHERON, Pierre-Antoine**
STREET ADDRESS **4101 NW 29 Street**
CITY-ST-ZIP **Miami, FL 33142**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
00017828
149070

2002 UBR
Item 12.

V
Cole, Neil
3801 SW 141 Ave.
Miramar, FL 33027

V
Butler, Al
9711 SW 105 Court
Miami, FL 33176

V
Annesser, James
7750 SW 155 St.
Miami, FL 33157

V
Rogers, John
7757 NW 25 St.
Margate, FL 33063

V
Denise, Frederic
4101 NW 29 St.
Miami, FL 33142

V
Gatewood, Lonnie
7143 East Tropical Way
Plantation, FL 33317

V ——— Addition
Bernardo, Raquel
4101 NW 29 St.
Miami, FL 33142

V
Babou, Sylvain
4101 NW 29 Street
Miami, FL 33142