

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 816883 (3)
1. Corporation Name
THE AEROSPACE CORPORATION



Principal Place of Business: **2350 EAST EL SEGUNDO BOULEVARD EL SEGUNDO CA 90245-4609**
Mailing Address: **2350 EAST EL SEGUNDO BOULEVARD EL SEGUNDO CA 90245-4609**

3. Date Incorporated or Qualified: **05/03/1963**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **95-2102389**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
Suite, Apt. #, etc.:
City & State:
Zip: 24, 25
Country: 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, E M	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SUGUNDO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOARDMAN, A J	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SUGUNDO CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, E C JR	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SUGUNDO CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ACKLEY, R. L	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SEGUNDO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULIKAS, G A	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SUGUNDO CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAVIS, R. M.	
STREET ADDRESS	2350 E EL SEGUNDO BLVD	
CITY - ST - ZIP	EL SEGUNDO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	LOUTTIT, GJ	
1 3 STREET ADDRESS	2350 E EL SEGUNDO BLVD.	
1 4 CITY - ST - ZIP	EL SEGUNDO CA 90245	
2 1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	ANDERSON, MA	
4 3 STREET ADDRESS	2350 E EL SEGUNDO BLVD.	
4 4 CITY - ST - ZIP	EL SEGUNDO CA 90245	
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon J. Louttit, *Gordon J. Louttit* January 19, 1996 (310) 336-2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)