FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Block 12 or Block 13 if changed, 9

May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 848759 (7)MOOG INC. Principal Place of Business Mailing Address JAMISON ROAD JAMISON ROAD ATTN: TAX DEPT. ATTN: TAX DEPT. DO NOT WRITE IN THIS SPACE EAST AURORA NY 14052 EAST AURORA NY 14052 3. Date Incorporated or Qualified 04/07/1981 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 <u> 16-0757636</u> Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due Jurie 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 607,0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of requirered agent and title, trapporable (NOTE: Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE VD AUBRECHT, RICHARD A CR2E034 1.2 NAME NAME SENECA ST & JAMISON RD 1.3 STREET ADDRESS STREET ADDRESS EAST AURORA, N Y 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BANTA, ROBERT R. NAME 2.2 NAME SENECA ST., & JAMISON RD 2.3 STREET ADDRESS STREET ADDRESS **EAST AURORA NY** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE __ Change Addition TITLE 3.1 TITLE BURKE, WILLIAM P. NAME 3.2 NAME SENECA ST & JAMISON RD STREET ADDRESS 3.3 STREET ADDRESS EAST AURORA, N Y 00000 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BRADY, ROBERT T. 4. 2 NAME SENECA ST & JAMISON RD STREET ADDRESS 4.3 STREET ADDRESS EAST AURORA, N Y 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-7IP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 annual report or suppliemental 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 of the corporation of the corporation of the corporation of the corporation.

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