2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 8:00 am Secretary of State

 _	_	•	À							-	•	•	_	•
				 				 	_				₹.	т

DOCUMENT # F58380 1. Entity Name O.C.E.M. AVIONICS CORPORATION								03-17-200	08 90023	021 ***15	50.00				
Principal Plac	e of Business		Mailing Address			•	4009	(COO							
1108 NW 36		ET D6 US			•			i de la companya di salah di s							
GAINESVILLE	, FL 32605 US														
2. Principal P	lace of Business - No P.O	. Box # 3													
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02292008	Chg-P	CR2E	034 (12/06)							
City & Stat	9		City & State		4. FEI Numb				plied For						
Zip	Country	Coun	try			of Status Desired		\$8.75 Add	litlonal						
	6. Name and Address		<u>'</u>	7. Name and	Address of New	Registered									
LOWER	NAME				Name						-				
LOWER, CLYDE E S/T 2531-B NW 41 STREET						Street Address (P.O. Box Number is Not Acceptable)									
GAINESVI	LLE, FL 32606					<u></u>									
					City Zip Code										
									FL	<u>- _ </u>					
	named entity submits this ions of registered agent.	statement for the	a purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept				
SIGNATURE.					<u> </u>			<u>.</u>							
<u></u>	Signature, typed or printed name of	registered agent and to	tle if applicable. (NOT	E: Registere	d Agent signatur	re required	when reinstating)	T	DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees															
10.	OFF	ICERS AND DIR	ECTORS	11.			ADDITIONS	/CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11				
TITLE	MRG		Delete		MR	G E 1	aulor		Change	Addition					
NAME STREET ADDRESS	BASILE, GIUSEPPE 1108 NW 36TH DRIVI	NAM Stre	ET ADORESS		BI-BIN	wer st	reet								
CITY-ST-ZIP	GAINESVILLE, FL 32	2605		-ST-ZIP	Ğai	NPSU	lle FL	3260	96						
TITLE	S/T						Change	☐ Addition							
NAME STREET ADDRESS	CLYDE E. LOWER 2531-B NW 41 STREE	NAM STRE	ET ADDRESS						Į						
CITY-ST-ZIP	GAINESVILLE, FL 32		-ST-ZIP												
TITLE			☐ Defete	TITLE	i					Change	Addition				
NAME STREET ADDRESS			- •	NAM STRE	ET ADDRESS										
CITY-ST-ZIP					-ST-ZIP										
TITLE			☐ Delete	TITE	:					☐ Change	☐ Addition				
NAME STREET ADDRESS				NAM Stre	E Et adoress										
CITY-ST-ZIP					-ST-ZIP										
TITLE			☐ Delete	titli	i					☐ Change	Addition				
NAME STREET ADDRESS				NAM Stre	ET ADDRESS										
CITY-ST-ZIP					-ST-ZIP										
TITLE			☐ Delete	TITLE						Change	Addition				
NAME STREET ADDRESS				NAM STRE	ET ADORESS										
CITY-ST-ZIP					·ST-ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 og 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 withan address, with afforther like empowered.															
}	/1/	11/1/	1	•			~	129/0	1 52	27,	1111				
SIGNAT	URE:	AND TYPED OR PONT	TED NAME OF SIGNING OFFICER	OR DIRECT	FOR		<u> </u>	Date		Daytime Phone #	-4111				