

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J83302 (6)**  
 1. Corporation Name  
**HUGHES AVIATION, INC.**



Principal Place of Business: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**  
 Mailing Address: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**

3. Date Incorporated or Qualified: **07/20/1987**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **59-2824678**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$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 (21-23)  
 2a. Mailing Address (26-28)  
 24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent  
**BLACKFORD, ROBERT N.  
 TWO S. ORANGE AVE  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85)  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (By Title: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, RUSSELL V.	1.2 NAME	
STREET ADDRESS	20 N ORANGE AVE, STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32801
TITLE	DCPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H.	2.2 NAME	
STREET ADDRESS	20 N ORANGE AVE, STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32801
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, VINCENT S.	3.2 NAME	
STREET ADDRESS	20 N ORANGE AVE	3.3 STREET ADDRESS	20 N ORANGE AVE, STE 200
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32801
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPF, J. STEPHEN	4.2 NAME	
STREET ADDRESS	20 N ORANGE AVE	4.3 STREET ADDRESS	20 N ORANGE AVE, STE 200
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32801
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Assistant Secretary
STREET ADDRESS		5.3 STREET ADDRESS	Robert N. Blackford
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Two S. Orange Ave. Orlando FL 32801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Jay Clark
CITY-ST-ZIP		6.4 CITY-ST-ZIP	20 N Orange Ave, Ste 200 Orlando, FL 32801

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David H. Hughes 4/23/96 (407) 841-4755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration

CR2E034 (12/95)