2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # M03000003751** 1. Entity Name HEICO FINANCE, LLC Mailing Address Principal Place of Business 2626 WARRENVILLE RD, STE 400 2626 WARRENVILLE RD, STE 400 DOWNERS GROVE, IL 60515 DOWNERS GROVE, IL 60515 04192008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0599829 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent C T CORPORATION SYSTEM-DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE THE HEICO COMPANIES, L.L.C. NAME STREET ADDRESS 5600 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602 CITY-ST-7IP TITLE 05/21/08-80079-013 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 1MF NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes. L.G. Wolski V.P. of The Heico Companies LLC 4/22/08 630-353-5100 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED