

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000001172**  
 1. Entity Name  
**GE HARRIS AVIATION INFORMATION SOLUTIONS, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business      Mailing Address  
 ONE NEUMANN WAY      ONE NEUMANN WAY  
 MD J-165      MD J-165  
 CINCINNATI OH 45215-6301      CINCINNATI OH 45215-6301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 1591 Robert J. Conlan Blvd,      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      NE 120      Suite, Apt. #, etc.  
 City & State      City & State  
 Palm Bay, FL  
 Zip      Country      Zip      Country  
 32905

4. FEI Number      Applied For  
 31-160345      APPLIED FOR  
 Applied For      Not Applicable  
 5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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.  
 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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARESCHI, WILLIAM J ONE NEUMANN WAY F-103 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPARKS, RUSSELL ONE NEUMANN WAY G-127 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWELL, ELIZABETH ONE NEUMANN WAY F-120 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, MIKE 2400 NE PALM BAY ROAD PALM BAY FL 32905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARK, DOUG 2400 NE PALM BAY ROAD PALM BAY FL 32905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE OLIVER ONE NEUMANN WAY F-103 CINCINNATI, OH 45215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORRAINE BOLSINGER ONE NEUMANN WAY F-120 CINCINNATI, OH 45215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVI SUNDARAMAN 1591 ROBERT J. CONLAN BLVD, NE 120 PALM BAY, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*      Date: 7/17/00      Daytime Phone #: 321 674 0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (5/00)