FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P13497** **(3)**

1. Corporation Name

SMITHS INDUSTRIES AEROSPACE & DEFENSE SYSTEMS, I NC.

Principal Place of Business	Mailing Address
435 DEVON PARK DR., SUITE 101 WAYNE PA 19087	435 DEVON PARK DR., SUITE 101 WAYNE PA 19087

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified **03/06/1987**	3a. Date of Last Report **04/14/1995**
4. FEI Number **38-2733944**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TIERNEY, RICHARD E.		1.2 NAME	EHR, ROBERT F.	
STREET ADDRESS	4141 EASTERN AVE SE		1.3 STREET ADDRESS	4141 EASTERN AVE S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI		1.4 CITY-ST-ZIP	GRAND RAPIDS, MI 49518	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TALLEY,WILLIAM F.		2.2 NAME	TORPIE, ALAN A.	
STREET ADDRESS	7-11 VREELAND PARK		2.3 STREET ADDRESS	358 HALL AVENUE	
CITY-ST-ZIP	FLORHAM PARK NJ		2.4 CITY-ST-ZIP	WALLINGFORD, CT 06492	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEYMOUR, PAUL		3.2 NAME		
STREET ADDRESS	1225 JEFFERSON DAVIS HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BENNIE L		4.2 NAME		
STREET ADDRESS	8025 BIRNAM WOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUSER, WILLIAM D		5.2 NAME		
STREET ADDRESS	2430 FORT SCOTT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALBRECHT,RONALD C.		6.2 NAME		
STREET ADDRESS	435 DEVON PK DR, STE 102		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ April 23, 1996 610-939-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #