2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # P96000055688 1. Entity Name 05-14-2002 90505 001 *5.161.25 HEICO ELECTRONIC TECHNOLOGIES CORP. Principal Place of Business Mailing Address C/O HEICO CORPORATION C/O HEICO CORPORATION 3000 TAFT STREET 3000 TAFT STREET HOLLWOOD FL 33021 HOLLWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0680321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDELSON, VICTOR H. ESQ. Street Address (P.O. Box Number is Not Acceptable) 3000 TAFT STREET HOLLWOOD FL 33021 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Addition Change Letendre, Elizabeth R MENDELSON, ERIC A. NAME NAME STREET ADDRESS 3000 TAFT STREET 3000 TAFT STREET STREET ADDRESS HOLLWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE DC ☐ Defete TITLE Addition MENDELSON, LAURANS A NAME NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 'IRWIN, THOMAS S NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE S ☐ Delete ☐ Change Addition NAME VETTER, JUDITH NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE K) Change ☐ Addition NAME MENDELSON, VICTOR H ESQ. NAME MENDELSON, VICTOR H'ESO STREET ADDRESS 3000 TAFT STREET STREET ADDRESS 3000 TAFT STREET HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE Change ☐ Addition NAME MENDELSON, VICTOR H ESQ NAME 3000 TAFT STREET STREET ADDRESS STREET ADDRESS

13. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addres with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

HOLLYWOOD FL 33021

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. IRWIN

4/26/02

Date

954-987-4000

Daytime Phone #

CR2E034 (9/01