

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004893

**Entity Name:** UFC AEROSPACE LLC

**Current Principal Place of Business:**

1300 CORPORATE CENTER WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

1300 CORPORATE CENTER WAY  
WELLINGTON, FL 33414 US

**FEI Number:** 11-2303884

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MCCAFFREY, THOMAS P.  
Address        1300 CORPORATE CENTER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            VP, TREASURER  
Name            MSENFT, MICHAEL F.  
Address        1300 CORPORATE CENTER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            SECRETARY  
Name            ROFRANKS, ROGER M.  
Address        1300 CORPORATE CENTER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            ASST. SECRETARY  
Name            DUMAS, CLAIRE  
Address        1300 CORPORATE CENTER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            MEMBER  
Name            KLX INC.  
Address        1300 CORPORATE CENTER WAY  
City-State-Zip: WELLINGTON FL 33414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KLX INC.

CAITLIN LAZARUS,  
ATTORNEY IN FACT

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date