

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003273

**Entity Name:** COBHAM MANAGEMENT SERVICES INC.**Current Principal Place of Business:**10 COBHAM DR  
ORCHARD PARK, NY 14127**Current Mailing Address:**10 COBHAM DR  
ORCHARD PARK, NY 14127**FEI Number:** 20-8844348**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	ALMQUIST, BRUCE
Address	2121 CRYSTAL DR SUITE 625
City-State-Zip:	ARLINGTON VA 22202

Title	ASST. TREASURER
Name	GALANTI, CLAUDIA
Address	10 COBHAM DR
City-State-Zip:	ORCHARD PARK NY 14127

Title	SECRETARY, DIRECTOR
Name	KLEIN, PETER G
Address	200 DELAWARE AVE SUITE 900
City-State-Zip:	BUFFALO NY 14202

Title	TREASURER, DIRECTOR
Name	BIBLE, BETTY J
Address	10 COBHAM DR
City-State-Zip:	ORCHARD PARK NY 14127

Title	VP
Name	ASHTON, DAVID
Address	2121 CRYSTAL DR SUITE 625
City-State-Zip:	ARLINGTON VA 22202

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDIA GALANTI

ASST. TREASURER

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date