2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT #:317806** 1. Entity Name 3 AVIONICS RESEARCH CORPORATION OF FLORIDA 04-13-2000 90012 004 ***150.00 Principal Place of Business Mailing Address 672 NORTH SEMORAN BLVD., SUITE 101 672 NORTH SEMORAN BLVD., SUITE 101 ORLNDOO FL 32807-3350 ORLNDOO FL 32907-3367 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2147769 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKEL, SIDONIA Street Address (P.O. Box Number is Not Acceptable) 606 SAN MARIE AVE. ALTOMONTE SPRINGS FL 32714 Zip Code City F١ 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE □ Delete TITLE SICINSKI, JOSEPH G NAME NAME STREET ADDRESS 38 WOODHOLLOW RD STREET ADDRESS CITY-ST-ZIP **GREAT RIVER NY** CITY-ST-7IP **SCFO** ☐ Change ☐ Addition ☐ Delete TITLE CHARLES, GLEN NAME NAME 1393 VETERANS MEMORIAL HWY STE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 with all other like empowered.

.Daytime Phone #