

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 823492 (4)

1. Corporation Name

CURTISS-WRIGHT CORPORATION

Principal Place of Business

1200 WALL STREET WEST
SUITE 501
LYNDHURST NJ 07071

Mailing Address

1200 WALL STREET WEST
SUITE 501
LYNDHURST NJ 07071

3. Date Incorporated or Qualified
11/05/1969

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
13-0612970

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

Signature typed or printed name of registered agent or officer or director

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

BRINSFIELD, SHIRLEY, D
100 GLENVIEW PLACE #306
NAPLES FL

☒ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

NAME

LASKY, DAVID
19 HIDDEN LEDGE
ENGLEWOOD NJ

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

BOSI, ROBERT
74 CHEYENNE TRAIL
SPARTA NJ

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

MUTCH, ROBERT, E
6 INDIA BROOK DRIVE
MENDHAM NJ

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

YOHLING, GEORGE, J
904 RAVENGLASS TURN
GASTONIA NC

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

NAME

TAYLOR, DANA M.
36 GLENWOOD DRIVE
MONTVILLE NJ

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(201) 896-8400

CR2E034 (12/95)