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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 07071-3616

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/05/1969

3a. Date of Last Report

05/01/1996

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	LASKY, DAVID	
STREET ADDRESS	19 HIDDEN LEDGE	
CITY - ST - ZIP	ENGLEWOOD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NACHMAN, GERALD	
STREET ADDRESS	552 MAITLAND AVE	
CITY - ST - ZIP	TEANECK NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUTCH, ROBERT, E	
STREET ADDRESS	6 INDIA BROOK DRIVE	
CITY - ST - ZIP	MENDHAM NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOHRLING, GEORGE, J	
STREET ADDRESS	904 RAVENGLASS TURN	
CITY - ST - ZIP	GASTONIA NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, DANA M.	
STREET ADDRESS	36 GLENWOOD DRIVE	
CITY - ST - ZIP	MONTVILLE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOSI, ROBERT	
STREET ADDRESS	74 CHEYENNE TRAIL	
CITY - ST - ZIP	SPARTA, NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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

Robert Bosi

(201) 896-8400

Date

Daytime Phone #

CR2E034 (9/96)