

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/05/1969	
4. FEI Number 13-0612970		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKY, DAVID	1.2 NAME	
STREET ADDRESS	19 HIDDEN LEDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHMAN, GERALD	2.2 NAME	
STREET ADDRESS	852 MAITLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTCH, ROBERT, E	3.2 NAME	
STREET ADDRESS	6 INDIA BROOK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENDHAM NJ	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOHLING, GEORGE, J	4.2 NAME	
STREET ADDRESS	804 RAVENGLASS TURN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GASTONIA NC	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DANA M.	5.2 NAME	
STREET ADDRESS	36 GLENWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVILLE NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSI, ROBERT	6.2 NAME	
STREET ADDRESS	74 CHEYENNE TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTA NJ	6.4 CITY-ST-ZIP	

14. I 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 any attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)