

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 21 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003320

1. Corporation Name

Wescam Air Ops Inc.

2. Principal Office Address - No P.O. Box #

150 Hayvenhurst Ave

Suite, Apt. #, etc.

City & State

Van Nuys, CA

Zip

91406

Country

USA

3. Mailing Office Address

600 Third Avenue

Suite, Apt. #, etc.

35th fl (Legal Dept.)

City & State

New York, NY

Zip

10016

Country

USA

CR2E081 (1/08)

4. Date Incorporated or Qualified
To Do Business in Florida: 6/21/2001

5. FBI Number
522304424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Stephen M. Souza
REGISTERED AGENT MUST SIGN

Date: 12/21/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Please Find Attached		

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid; I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephen M. Souza

Stephen M. Souza

12/21/09

212-697-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Officers and Directors of WESCAM AIR OPS, INC
as of December 21, 2009

Directors (or equivalent):

Steven M. Post

Elected Officers:

Michael T. Strianese

John Dehne

Ralph G. D'Ambrosio

Steven M. Post

Stephen M. Souza

Lawrence Van Blerkom

John M. Hill

Sheila M. Sheridan

Chief Executive Officer

President

Chief Financial Officer

Senior Vice President, Secretary

Vice President, Treasurer

Vice President, Taxes and Assistant Treasurer

Vice President

Vice President, Administration

Please send all correspondence mail for the Officers and Directors of Wescam Air Ops Inc. to the following address:

c/o:

L-3 Communications Corporation

600 Third Avenue

New York, NY 10016

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: *sunina.vupchand@L-3com.com*

**CORPORATION REINSTATEMENT
WESCAM AIR OPS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,800.00