


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90327 021 \*\*\*150.00

<b>DOCUMENT # F04000005834</b>	
1. Entity Name <b>ULTRA ELECTRONICS AIRPORT SYSTEMS, INC.</b>	

Principal Place of Business <b>777 COMMERCE DRIVE FAIRFIELD, CT 06825</b>	Mailing Address <b>777 COMMERCE DRIVE FAIRFIELD, CT 06432</b>
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2. Principal Place of Business <b>50 BARNES PARK NORTH SUITE 102 WALLINGFORD, CT 06492 USA</b>	3. Mailing Address <b>50 BARNES PARK NORTH SUITE 102 WALLINGFORD, CT 06492 USA</b>
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2633505**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>WALTERS, MICHAEL BANK OF AMERICA TOWER 50 NORTH LAURA ST., SUITE 3600 JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACEY, CRAEME THE OAKS CREWE ROAD WYTHENMAWE, MANCHESTER UK, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDOVER, ALAN THE OAKS CREWE ROAD WYTHENMAWE, MANCHESTER UK, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOOSE, DAVID 777 COMMERCE DRIVE FAIRFIELD, CT 06825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>50 BARNES PARK NORTH SUITE 102 WALLINGFORD, CT 06492</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFCOAT, DAVID 417 BRIDPORT ROAD MIDDLESEX UB6 8UA U.K., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William* 4/20/06 203-265-1887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #