

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005834

FILED
Feb 09, 2009
Secretary of State

Entity Name: ULTRA ELECTRONICS AIRPORT SYSTEMS, INC.

Current Principal Place of Business:

50 BARNES PARK NORTH
SUITE 102
WALLINGFORD, CT 06492

New Principal Place of Business:

64 BARNABAS ROAD
UNIT 1
NEWTOWN, CT 06470

Current Mailing Address:

50 BARNES PARK NORTH
SUITE 102
WALLINGFORD, CT 06492

New Mailing Address:

64 BARNABAS ROAD
UNIT 1
NEWTOWN, CT 06470

FEI Number: 58-2633505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, MICHAEL
BANK OF AMERICA TOWER
50 NORTH LAURA ST., SUITE 3600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STACEY, CRAEME
Address: THE OAKS CREWE ROAD
City-St-Zip: WYTHENSMawe, MANCHESTER UK,

Title: V () Delete
Name: SANDOVER, ALAN
Address: THE OAKS CREWE ROAD
City-St-Zip: WYTHENSMawe, MANCHESTER UK,

Title: S () Delete
Name: LOOSE, DAVID
Address: 50 BARNES PARK NORTH SUITE 102
City-St-Zip: WALLINGFORD, CT 06492

Title: D () Delete
Name: JEFFCOAT, DAVID
Address: 417 BRIDPORT ROAD
City-St-Zip: MIDDLESEX UB6 8UA U.K.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOOSE, DAVID
Address: 64 BARNABAS ROAD, UNIT 1
City-St-Zip: NEWTOWN, CT 06470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A NOSSAL

TD

02/09/2009

Electronic Signature of Signing Officer or Director

Date