

F04000005834

**Florida Department of State
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Account Name : C T CORPORATION SYSTEM
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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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**REGISTERED AGENT CHANGE
ULTRA ELECTRONICS AIRPORT SYSTEMS, INC.**

Certificate of Status	0
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204/17

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ULTRA ELECTRONICS AIRPORT SYSTEMS INC.
2. The principal office address: 107 CHURCH HILL ROAD UNIT GL-2 SANDY HOOK, CT 06482
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/12/2004 Document number: F04000005834

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

WALTERS, MICHAEL

BANK OF AMERICA TOWER 50 NORTH LAURA ST., SUITE 3600

JACKSONVILLE, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

LAUREN KRETZ
VICE PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
Signature of Registered Agent

KALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date: 4/16/15

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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