2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003993

1. Entity Name
MARINE HYDRAULICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
543 E INDIAN RIVER ROAD NORFOLK, VA 23523	543 E INDIAN RIVER ROAD NORFOLK, VA 23523

07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1034510
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BRANDT, GARY R
STREET ADDRESS	3652 SEAGULL BLUFF DRIVE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23455
TITLE	DCVP
NAME	MULROY, TERENCE P
STREET ADDRESS	804 MILDEN HALL DRIVE
CITY-ST-ZIP	CHESAPEAKE, VA 23320
TITLE	DVPS
NAME	WALKER, MICHAEL E
STREET ADDRESS	1809 FOXHOUND LANDING
CITY-ST-ZIP	VIRGINIA BEACH, VA 23454
TITLE	DVPP
NAME	LAUTERBACH, KIM
STREET ADDRESS	4408 DARTMOOR CIRCLE
CITY-ST-ZIP	CHESAPEAKE, VA 23321
TITLE	DSVP
NAME	EPLEY, THOMAS W
STREET ADDRESS	904 FOREST LAKES CIRCLE
CITY-ST-ZIP	CHESAPEAKE, VA 23322
TITLE	DCFO
NAME	SLIZEWSKI, ANDREW J
STREET ADDRESS	709 COQUINA LANE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451

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07/17/07-80001-023 158.75

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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: _____ CFO 7/9/07 757 545 6900 x225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #