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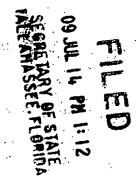
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i (Requestor's Name)	
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Mulying Altern. None 7/21/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: AEROFLEX INCORPORAT	(Name of Corporation)
	(Name of Corporation)
DOCUMENT NUMBER: F0900000	1846
The enclosed Resolution of the Board fee are submitted for filing.	l of Directors to Change the Alternate name for use in Florida and
Please return ali correspondence conce	erning this matter to the following:
CHARLES BADLATO	
(Name of Contact Pers	son)
AEROFLEX INCORPORATED (Firm/Company)	
35 SOUTH SERVICE ROAD PO BOX 60 (Address)	22
PLAINVIEW, NY 11803-0622 (City/State and Zip C	Code)
For further information concerning thi	is matter, please call:
CHARLES BADLATO (Name of Contact Person)	at (516) 752-2314 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to t	he Florida Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Certificate of	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahaccaa El 30314	2661 Evacutiva Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned CHARLES BADLATO	_, do hereby certify
(Name)	
that this Resolution of the Board of Directors of AEROFLEX INCORPORATED	
(Name of Corporation)	
a corporation duly organized and existing under the laws of <u>DELAWARE</u> (State or Country)	y) , , , ,
was adopted on JUNE 30, 2009	, changing the alternate
name in Florida from AEROFLEX OF PLAINVIEW, INC.	to
(Current Alternate Name)	
AEROFLEX MANAGEMENT CORPORATION	,
(Alternate Name) NOTE: Must contain a corporate suff	fix
and its real name is unavailable in Florida.	
Date: <u>JUNE 30, 2009</u>	
Signature of Chairman, Vice Chairman of the Board, a ASSISTANT SECI	RETARY person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

director or any officer