Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000233455 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)222-1092 Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					
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FOREIGN PROFIT/NONPROFIT CORPORATION Meggitt (New Hampshire), Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$870.00

https://efile.sunbiz.org/scripts/efilcovr.exe

10/26/2010

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Meggitt (New Hampshire), Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact B "Certificate of Existence," or "Certificate of Good Standing" and check are submit above referenced foreign corporation to transact business in Florida.	ted to register the
Please return all correspondence concerning this matter to the following:	
Sandi Moliman	
Name of Person	SE V
Meggitt (New Hampshire), Inc.	
Firm/Company	
1955 North Surveyor Avenue	
Address	
Simi Valley, CA 93063	
City/State and Zip code	
sandi.mollman@meggitt.com	
E-mail address; (to be used for future annual report not	tication)
For further information concerning this matter, please call:	
Sandi Mollman at (805) 526-5700 ext. 6636	
Name of Person Area Code & Daytime Telephone	e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADD New Filing Section Division of Corporation of	on orations
Enclosed is a check for the following amount: \$\int\\$ \text{\$\text{S70.00 Filing Fee}} \text{\$\text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \$\text{\$\tex{	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Meggitt (New I			<u> </u>	
	(Enter name of c	orporation; must include "INCORPORA" orp," "Inc," "Co," or "Corp.")	TED _i " "COMI	'ANY," "CORPORATION,"	
	,,	orp, may out of corp. y			
	(If name unavaile	ible in Florida, enter alternate corporate r	name adopted for	or the purpose of transacting business in Flori	da)
_	Delaware		•		•
۷.	(State or country	under the law of which it is incorporated;		(FEI number, if applicable)	
A	January 25, 1982		5, Perpetua	•	
₩.		of incorporation)	(Duratio	n: Year corp. will cease to exist or "perpetua	in)
б.	October 2	0, 2008			
۷.		(Date first transacted busin			
	144 D	(SEE SECTIONS 607.1501 & 6	07.1302, F.S., I	to determine pensity listolity)	
7.	144 Marvey Koad	. Londonberry, NH 03053			Berry T
		(Principal office			
	c/o Meggin-USA,	Inc., 1955 Surveyor Avenue, Simi Valle (Current mailing	<u> </u>		F
		(Can the mann)	R nadress)		
Q	Manufacture of a	ircraft sensor systems			
υ,	(Purpose(s	ircraft sensor systems) of corporation authorized in home state	or country to b	c carried out in state of Florida)	
9.	Name and stree	t address of Florida registered agent:	(P.O. Box N	OT acceptable)	
	Name:	C T Corporation System	-	•	
	Name:	o i Quipotanon o Joseffi			
0	ffice Address:	1200 South Pine Island Road			
		Plantation	, Flo	orida 33324 (Zip code)	
		(City)	·	(Zip code)	
10	. Registered ag	ent's acceptance:			
H	aving been name	ed as registered agent and to accept s		cess for the above stated corporation at t	
				gistered agent and agree to act in this co the proper and complete performance o	
		with and accept the obligations of m			. My marrow,
		CT Corporation System	C	onnie Bryan	
	Ву:	Longi Buran		stant Secretary	
		(Registered agent() signat	ture)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Nam	es and business addresses of officers and/or directors:
A. DIRE	CCTORS
Chairman:	
Address:	
Vice Chair	man;
Address:	
Director:	Eric G. Lardiere
Address:	1955 N. Surveyor Avenue
	Simi Valley, CA 93063
Director: (Gene P. Zagala /
•	1955 N. Surveyor Avenue
•	Simi Valley, CA 93063
B. OFFI	
	Ronald Vadas
	144 Harvey Road
	Londonderry, NH 03053
	dent:
Address:	
Secretary:	Eric G. Lardiere
•	1955 N. Surveyor Avenue, Simi Valley, CA 93063
	Gene P. Zagala /
	1955 N. Surveyor Avenue, Simi Valley, CA 93063
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The office are true as third degr	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes a see felony as provided for in s.817.155, F.S. G. Lardiere

(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEGGITT (NEW HAMPSHIRE), INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

0930764 8300

100958323

You may verify this cartificate online at corp. delaware. gov/authver. shtml

CATION: 8262459

DATE: 09-30-10