Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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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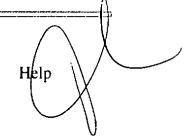
REGISTERED AGENT CHANGE BAE SYSTEMS CONTROLS INC.

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Electronic Filing Menu

Corporate Filing Menu



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

statement of cho	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BAE Systems Co	ntrols Inc.	
2. The principal	office address: 1098 Clark Street,	Endicott, NY 13760	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/24/201	Document number: F13000000515	
	d street address of the current regi	istered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	AD	2023 J
	PLANTATION, FL 33324	·	三 子2
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered office	7023 JUH 20 AII 9: 26
	United Agent Group Inc.		: 26
	801 US Highway 1		
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered	agent,
	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change. Crimmins, Terence E., President,	
Lam Uland Signatu	re of an officer or director	By: Lauren Underwood, Attorney-in-Fact Printed or typed name and title	
l furthér agrée : of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete perfor the obligation of my position as registered agent. Or, ge in the registered office address, I hereby confirm th	mance if this rat the
Lambelen		06/20/2023	
4.4	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	od, Special Secretary	_	
T,	yped or Printed Name		

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