2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State
09-11-2001 90003 022 ***550.00

DOCUMENT # F63835

1. Entity Name
AEROSTRUCTURES, INC.

Principal Place of Business	Mailing Address
9666 BUSINESS PARK AVE #201 SAN DIEGO CA 92131	9666 BUSINESS PARK AVE #201 SAN DIEGO CA 92131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2162623 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARK, WILLIAM M. 11311 N. ARMENIA AVE. TAMPA FL 33612	Name: JOAN SHERWIN Street Address (P.O. Box Number is Not Acceptable): 718 37th AVE NE City: ST. PETERSBURG, FL FL Zip Code: 33704

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.
THIS WAS DONE LAST YEAR — [illegible]

SIGNATURE: Joan Sherwin — 9/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CTD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LAMMON, ELMER B.	NAME	
STREET ADDRESS	1805 CRYSTAL DR. 813	STREET ADDRESS	1213 BIG WILLS DRIVE NW
CITY-ST-ZIP	ARLINGTON VA	CITY-ST-ZIP	FORT PAYNE, AL 35967
TITLE	VSD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LAMMON, BARBARA JEAN	NAME	
STREET ADDRESS	1805 CYRSTAL DR. 813	STREET ADDRESS	1213 BIG WILLS DRIVE NW
CITY-ST-ZIP	ARLINGTON VA	CITY-ST-ZIP	FORT PAYNE, AL 35967
TITLE	V ☑ Delete	TITLE	P ☐ Change ☑ Addition
NAME	MULQUIN, JAMES J.	NAME	RODNEY DENNIS LOCKET
STREET ADDRESS	5101 BRENTFORD DR	STREET ADDRESS	9 MOONDAH DR.
CITY-ST-ZIP	ROCKVILLE MD	CITY-ST-ZIP	MT ELIZA, VICTORIA 3930 AUSTRALIA
TITLE	P ☑ Delete	TITLE	V ☐ Change ☑ Addition
NAME	ELCHURI, VIJAY	NAME	KRIS WADOLKOWSKI
STREET ADDRESS	7902 DEERLEE DR	STREET ADDRESS	13231 SILVERSADDLE LANE
CITY-ST-ZIP	SPRINGFIELD VA	CITY-ST-ZIP	POWAY, CA 92064-1926
TITLE	V ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	IYYER, NAGARAJA S	NAME	
STREET ADDRESS	5715 OAK APPLE COURT	STREET ADDRESS	
CITY-ST-ZIP	BURKE VA	CITY-ST-ZIP	
TITLE	V ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MOON, SURESH	NAME	
STREET ADDRESS	6008 WINDWARD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BURKE VA	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 26 July 01 — 256 997 0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)