

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003537 (7)

1. Corporation Name

GEC-MARCONI AVIONICS, INC.

Principal Place of Business

2975 NORTHWOODS PKWY
NORCROSS GA 30071

Mailing Address

PO BOX 81999
ATLANTA GA 30366
US

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

13-1965058

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the name of the corporation

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME BROYLES, WILLIAM M
STREET ADDRESS 2975 NORTHWOODS PKWY
CITY-ST-ZIP NORCROSS GA

TITLE ST ☐ DELETE
NAME LANDMAN, WAYNE B
STREET ADDRESS 2975 NORTHWOODS PKWY
CITY-ST-ZIP NORCROSS GA

TITLE D ☐ DELETE
NAME ROSSER, BERNARD
STREET ADDRESS 2975 NORTHWOODS PKWY
CITY-ST-ZIP NORCROSS GA

TITLE D ☐ DELETE
NAME RICKARD, DAVID
STREET ADDRESS 2975 NORTHWOODS PKWY
CITY-ST-ZIP NORCROSS GA

TITLE D ☐ DELETE
NAME ANDERSON, A B
STREET ADDRESS 2975 NORTHWOODS PKWY
CITY-ST-ZIP NORCROSS GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

9000001827859
-05/17/96--001249-003 Addition
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne B. Landman 4/30/96

770-448-1947

Daytime Phone #

CR2E034 (12/95)