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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1994		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 13-1965058		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	PCEO
NAME	BROYLES, WILLIAM M	1.2 NAME	CLARK, PAUL D
STREET ADDRESS	2975 NORTHWOODS PKWY	1.3 STREET ADDRESS	2975 NORTHWOODS PKWY
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	NORCROSS GA 30071
TITLE	ST	2.1 TITLE	
NAME	LANDMAN, WAYNE B	2.2 NAME	
STREET ADDRESS	2975 NORTHWOODS PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROSSER, BERNARD	3.2 NAME	
STREET ADDRESS	2975 NORTHWOODS PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	RICKARD, DAVID	4.2 NAME	
STREET ADDRESS	2975 NORTHWOODS PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ANDERSON, A B	5.2 NAME	
STREET ADDRESS	2975 NORTHWOODS PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

*Wayne B. Landman* 4/30/97 (770) 448 1947

CR2E034 (9/96)