

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90045 044 ***150.00

DOCUMENT # F96000000447

1. Entity Name
AEROFLEX MIC TECHNOLOGY CORPORATION

Principal Place of Business

**797 TURNPIKE ST.
 N ANDOVER MA 01845**

Mailing Address

**797 TURNPIKE ST
 N ANDOVER MA 01845**

2. Principal Place of Business

100 Andover Bypass

Suite, Apt. #, etc.

Suite 201

City & State

North Andover, MA

Zip

01845

Country

U.S.

3. Mailing Address

100 Andover Bypass

Suite, Apt. #, etc.

Suite 201

City & State

North Andover, MA

Zip

01845

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-1841372

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE ☐ Delete

**P MITCHELL, BRIAN
 120 CHAMPION RD
 N ANDOVER MA**

TITLE ☐ Delete

**VPD GORIN, MICHAEL
 1128-B E LONG BCH RD
 NISSEQUOGUE NY**

TITLE ☐ Delete

**DS BOROW, LEONARD
 125 RODEO DR
 OYSTER BAY COVE NY**

TITLE ☐ Delete

**D BLAV, HARVEY
 125 WHEATLEY RD
 OLD WESTBURY NY**

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

01845

TITLE ☒ Change ☐ Addition

**VPD Gorin, Michael
 49 Wimbledon Drive
 Roslyn, NY 11576**

TITLE ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11791

TITLE ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11568

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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:

Michael Blav
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

(516) 694-6700
 Daytime Phone #

CR2E034 (9/01)