

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90141 026 ***150.00

0613601 AT

DOCUMENT # F96000000447

1. Entity Name
AEROFLEX MIC TECHNOLOGY CORPORATION



Principal Place of Business
**100 ANDOVER BYPASS
SUITE 201
N ANDOVER MA 01845**

Mailing Address
**100 ANDOVER BYPASS
SUITE 201
N ANDOVER MA 01845**

2. Principal Place of Business
35 JEFFERSON AVENUE
Suite, Apt. #, etc.

3. Mailing Address
35 JEFFERSON AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PEARL RIVER, NY
Zip
10965 Country
U.S.A.

City & State
PEARL RIVER, NY
Zip
10965 Country
U.S.A.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, BRIAN	
STREET ADDRESS	120 CHAMPION RD	
CITY-ST-ZIP	NORTH ANDOVER MA 01845	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORIN, MICHAEL	
STREET ADDRESS	49 WIMBLEDON DRIVE	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOROW, LEONARD	
STREET ADDRESS	125 RODEO DR	
CITY-ST-ZIP	SYOSSET NY 11791	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAV, HARVEY	
STREET ADDRESS	125 WHEATLEY RD	
CITY-ST-ZIP	OLD WESTBURY NY 11568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROW, LEONARD	
STREET ADDRESS	125 RODEO DR	
CITY-ST-ZIP	SYOSSET, NY 11791	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIN, MICHAEL	
STREET ADDRESS	1576 LAUREL HOLLOW ROAD	
CITY-ST-ZIP	LAUREL HOLLOW, NY 11791	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03

CR2E034 (10/02)