

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 045 ***150.00

C0069106

DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name

CURTISS-WRIGHT FLIGHT SYSTEMS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3120 Northwest Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3950 NW 28 Street

Suite, Apt. #, etc.

City & State

Gastonia, NC

City & State

Miami, FL

Zip

28052

Country

USA

Zip

33142

Country

USA

4. FEI Number

22-2377871

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D** ☐ Delete
NAME **Martin R. Benante**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Delete
NAME **George J. Yohrling**
STREET ADDRESS **3120 Northwest Blvd.**
CITY-ST-ZIP **Gastonia, NC 28052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **Randy K. Kesterson**
STREET ADDRESS **201 Old Boiling Springs Rd.**
CITY-ST-ZIP **Shelby, NC 28152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **Keith Philips**
STREET ADDRESS **3950 NW 28 Street**
CITY-ST-ZIP **Miami, FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **Brian D. O'Neill**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Delete
NAME **Robert A. Bosi**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Bosi

Date

Daytime Phone #

CR2E034 (11/00)