

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 016 ***150.00

DOCUMENT # *F960000002382*

1. Entity Name

Curtiss-Wright Flight Systems, Inc. ✓

DO NOT WRITE IN THIS SPACE

80056835

2. Principal Place of Business
3120 Northwest Blvd.

3. Mailing Address
3950 NW 28 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gastonia, NC

City & State
Miami, FL

4. FEI Number
22-2377871

Applied For
Not Applicable

Zip
28052

Country
USA

Zip
33142

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **C T Corporation System**

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

1200 S. Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **C/D**
NAME **Martin R. Benante**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **Michael J. Denton**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME **Mark Treffinger**
STREET ADDRESS **201 Old Boiling Springs Rd.**
CITY-ST-ZIP **Shelby, NC 28152**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **Glenn E. Tynan**
STREET ADDRESS **1200 Wall Street West**
CITY-ST-ZIP **Lyndhurst, NJ 07071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenn E. Tynan **Glenn E. Tynan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date

(201) 896-8400
Daytime Phone #

CR2E034B (12/01)