

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90221 003 ***150.00

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1. Entity Name

CURTISS-WRIGHT FLIGHT SYSTEMS, INC.



Principal Place of Business

**3120 NW BLVD
GASTONIA NC 28052**

Mailing Address

**3950 NW 28TH ST
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **BENANTE, MARTIN R**
CITY-ST-ZIP **4 BECKER FARM RD
ROSELAND NJ 07068**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **YOHRLING, GEORGE J**
CITY-ST-ZIP **3120 NORTHWEST BLVD
GASTONIA NC 28052**

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

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **KESTERSON, RANDY K**
CITY-ST-ZIP **201 OLD BOILING SPRINGS RD
SHELBY NC 28152**

TITLE ☒ Change ☒ Addition
NAME **DAVID Adams**
STREET ADDRESS **3120 Northwest Blvd.**
CITY-ST-ZIP **GASTONIA, NC 28052**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DENTON, MICHAEL J**
CITY-ST-ZIP **4 BECKER FARM RD
ROSELAND NJ 07068**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TREFFINGER, MARK**
CITY-ST-ZIP **201 OLD BOILING SPRINGS RD
SHELBY NC 28152**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TYNAN, GLENN E**
CITY-ST-ZIP **4 BECKER FARM RD
ROSELAND NJ 07068**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

(704) 869-4615

Daytime Phone #