2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2008 8:00 am Secretary of State DOCUMENT # F98000000317 1. Entity Name 01-16-2008 90046 026 ***150.00 WESCO AIRCRAFT HARDWARE CORP. Principal Place of Business Mailing Address 27727 AVE SCOTT 5850 T.G. LEE BLVD., STE 480 ORLANDO, FL 32822 VALENCIA, CA 91355 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 95-2704662 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5850 T.G. LEE BLVD STE 480 ORLANDO, FL 32822 Zip Code FI 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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PCD TITLE TITLE ☐ Change ☐ Addition □ Delete SNYDER, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 27727 AVENUE SCOTT CITY-ST-ZIP VALENCIA, CA 91355 CITY-ST-ZIP Delete TITLE TITLE Change Addition LEE, TOMMY NAME STREET ADDRESS 27727 AVENUE SCOTT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VALENCIA, CA 91355 V9 Change TITLE □ Delete TITLE ☐ Addition HESS, GEORGE NAME NAME STREET ADDRESS 27727 AVENUE SCOTT STREET ADDRESS CITY-ST-ZIP VALENCIA, CA 91355 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WEINSTEIN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED