2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2000 8:00 am Secretary of State DOCUMENT # F98000001853 02-28-2000 90069 001 ***158.75 B/E AEROSPACE SERVICES, INC. Principal Place of Business Mailing Address 1400 CORPORATE CIRCLE CORPORATE CIRCLE S15000 ***** FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 1400 Corporate Center Way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change Delete TITLE KHOURY, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 1400 CORPORATE CENTER WAY CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Change 😿 Addition XX Delete TITLE TITLE President FULCHINO, PAUL E NAME NAME Scott A. Smith STREET ADDRESS STREET ADDRESS 1400 CORPORATE CENTER WAY 230 West Blueridge Avenue CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** Orange_CA__92865 Delete TITLE MCCAFFREY, THOMAS P NAME NAME STREET ADDRESS STREET ADDRESS 1400 CORPORATE CENTER WAY CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** Delete TITLE Change ☐ Addition TITLE NAME MORIARTY, EDMUND J STREET ADDRESS STREET ADDRESS 1400 CORPORATE CENTER WAY CITY-ST-ZIE CITY-ST-ZIP **WELLINGTON FL 33414** Delete Change Addition TITLE HOLTZMAN, JEFFREY P NAME STREET ADDRESS STREET ADDRESS 1400 CORPORATE CENTER WAY CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** TITLE ☐ Change Addition XX Delete TITLE AYOUB, SAM G NAME NAME STREET ADDRESS STREET ADDRESS 230 WEST BLUERIDGE AVENUE CITY-ST-ZIP CITY-ST-ZIP **ORANGE CA 92865**

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

SIGNATURE:

Edmund