FILED

2/21/02

(310)215-5721

Mar 06, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # F98000004512 1. Entity Name 03-06-2002 90030 049 ***150.00 HYDRO ALUMINUM NORDISK AVIATION PRODUCTS, INC. Principal Place of Business Mailing Address 5450 WEST 102ND STREET 5450 WEST 102ND STREET LOS ANGELES CA 90045 LOS ANGELES CA 90045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4055525 Not Applicable 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 CORPORATION SERVICE COMPANY -Street-Address (P.O.:Box Number is Not Acceptable) --1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (10/6) TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STANGE, FREDRIK STREET ADDRESS STREET ADDRESS N-3081 HOLMESTRAND CITY-ST-ZIP CITY-ST-ZIF NORWAY TITLE ☐ Delete TITLE ☐ Change ☐ Addition PD NAME GOLLENT, MANFRED STREET ADDRESS STREET ADDRESS 5450 WEST 102ND STREET CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HUBNER, KAREN STREET ADDRESS STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3350 CITY-ST-7IP CITY-ST-7IP <u>Tampa Fl</u> TITLE Delete--TITLE ☐ Change ☐ Addition NAME NAME Meshel, Robert e STREET ADDRESS STREET ADDRESS ONE SANSOME ST., SUITE 1400 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94104 TITLE Delete TITLE Change **⊟**∢Addition DIRECTOR OF FINANCE & NAME **OPERATIONS** STEPHEN WRIGHT STREET ADDRESS STREET ADDRESS 5450 W 102nd St Los Angeles CA 90045 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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