

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90671 043 ***150.00

DOCUMENT # F98000005331 1. Entity Name THYSSENKRUPP AIRPORT SYSTEMS INC.			
Principal Place of Business 3201 N. SYLVANIA AVE., STE 100E FORT WORTH, TX 76111		Mailing Address PO BOX 5084 TROY, MI 48007-5084	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3201 N. Sylvania Ave Ste 100E Suite, Apt. #, etc. Suite 100E City & State Ft. Worth TX Zip 76111 Country USA	
City & State		4. FEI Number 52-2089962	
Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 COB NAME POZO PORTILLO, FRANCISCO STREET ADDRESS 3201 N. SYLVANIA AVE. STE 100E CITY-ST-ZIP FORT WORTH, TX 76111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CEO NAME FOGELHARDT, DAVID D STREET ADDRESS 3201 N SYLVANIA AVENUE STE 100E CITY-ST-ZIP FORT WORTH, TX	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME GRAYBILL, V. LYNN STREET ADDRESS 3201 N. SYLVANIA AVE., STE 100E CITY-ST-ZIP FORT WORTH, TX 76111	☒ Delete	TITLE PRES NAME BALLISTY, VINCE STREET ADDRESS 3201 N. Sylvania Ave. Suite 100E CITY-ST-ZIP Ft. Worth, TX 76111	☒ Change ☐ Addition
TITLE VAS NAME JONES, MARK D STREET ADDRESS 3201 N. SYLVANIA AVE., STE 100E CITY-ST-ZIP FORT WORTH, TX 76111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VT NAME RUPPRECT, SCOTT STREET ADDRESS 3201 N. SYLVANIA AVE., STE 100E CITY-ST-ZIP FORT WORTH, TX 76111	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME FERSHTMAN, MARSHA STREET ADDRESS 3155 W IG BEAVER RD CITY-ST-ZIP TROY, MI 48084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>MARK D. JONES</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-27-04</u> Daytime Phone # <u>817 710 5049</u>	