2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State
07-15-2008 90060 049 ***150.00

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1. Entity Name
THYSSENKRUPP AIRPORT SYSTEMS INC.

40110943

Principal Place of Business	Mailing Address
3201 N. SYLVANIA AVE., STE 100E FORT WORTH, TX 76111	3201 N. SYLVANIA AVE., STE 100E FORT WORTH, TX 76111

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2089962
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	SOTOMAYOR, RAMON
STREET ADDRESS	3201 N SYLVANIA STE 100E
CITY-ST-ZIP	FORT WORTH, TX 76111
TITLE	P
NAME	JONES, MARK D
STREET ADDRESS	3201 N SYLVANIA AVE STE 100E
CITY-ST-ZIP	FORT WORTH, TX 76111
TITLE	S
NAME	PAULSON, LAWRENCE
STREET ADDRESS	3155 W BIG BEAVER RD
CITY-ST-ZIP	FORT WORTH, TX 76111
TITLE	TCEO
NAME	SUAREZ, LAURA
STREET ADDRESS	3201 N SYLVANIA AVE STE 100E
CITY-ST-ZIP	FORT WORTH, TX 76111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 7/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #