2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 2004 8:00 am Secretary of State DOCUMENT # F98000005860 05-07-2004 90136 026 ***550 00 MCKECHNIE AEROSPACE USA, INC. Principal Place of Business Mailing Address 2201 REGENCY ROAD, STE 701 LEXINGTON KY 40503 8855 NW 35TH LANE MIAMI FL 33172 54053592 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0868942 Not Applicable Country Zip Country Zip \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President and Director ★ Addition TITLE **⊠** Delete Stephen Henderson 350 5 Rock Blud MCKAY, MALCOLM NAME 350 S ROCK BLVD STREET ADDRESS STREET ADDRESS **RENO NV 89502** NV CITY-ST-ZIP CITY-ST-7IP 89502 TITLE VTSD ☐ Delete TITLE ☐ Change Addition GRABEN, BRUCE NAME NAME 2201 REGENCY ROAD, STE 701 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LEXINGTON KY CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition RICKETTS, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 350 S ROCK BLVDD CITY-ST-ZIP CITY-ST-ZIP **RENO NV 89502** ☐ Delete TITLE ☐ Change Addition TITLE GIBBON, ROBERT M NAME STREET ADDRESS LEIGHWOOD ROAD, WALSALL STREET ADDRESS WEST MIDLANDS, UNITED KINGDO CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP 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.

FILED