

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90046 013 ***550.00

DOCUMENT # K59410

1. Entity Name

AEROJET, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 SOUTHERN BLVD

3. Mailing Address

Suite, Apt. #, etc.

STE 500

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

Zip

Country

Zip

Country

33406

4. FEI Number

59-2932460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID O'DONNELL

Street Address (P.O. Box Number Not Acceptable)

8785 SAN ANDROS

City

WEST PALM BEACH

FL

Zip Code

33411

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES-DAVID A O'DONNELL
8785 SAN ANDROS
WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP-DANA W. O'DONNELL
8785 SAN ANDROS
WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/02 (561) 7121440

Date

Daytime Phone #

CR2E034B (12/01)