
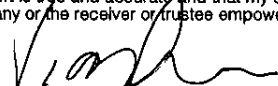


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 019 ****50.00

DOCUMENT # L03000026778 1. Entity Name OSI DEFENSE SYSTEMS, LLC																																																																																																								
Principal Place of Business 300 SUNPORT LANE SUITE 500 ORLANDO, FL 32835			Mailing Address 300 SUNPORT LANE SUITE 500 ORLANDO, FL 32835																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12525 CHADRON AVE Suite, Apt. #, etc.																																																																																																						
City & State		City & State HAWTHORNE CA		4. FFL Number 74-3100130																																																																																																				
Zip	Country	Zip 90250	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																								
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																																																																																																					
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12525 CHADRON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAWTHORNE CA 90250</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ANDUS WADHAWAN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>12525 CHADRON AVE</td> <td></td> </tr> <tr> <td></td> <td>HAWTHORNE CA 90250</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SECRETARY VICTOR SZE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>12525 CHADRON AVE</td> <td></td> </tr> <tr> <td></td> <td>HAWTHORNE CA 90250</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PRESIDENT WAYNE MAGILL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2022 11TH ST</td> <td></td> </tr> <tr> <td></td> <td>UPLAND, CA 91786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	12525 CHADRON AVE		CITY-ST-ZIP	HAWTHORNE CA 90250		TITLE	NAME	Delete	STREET ADDRESS	ANDUS WADHAWAN		CITY-ST-ZIP	12525 CHADRON AVE			HAWTHORNE CA 90250		TITLE	NAME	Delete	STREET ADDRESS	SECRETARY VICTOR SZE		CITY-ST-ZIP	12525 CHADRON AVE			HAWTHORNE CA 90250		TITLE	NAME	Delete	STREET ADDRESS	PRESIDENT WAYNE MAGILL		CITY-ST-ZIP	2022 11TH ST			UPLAND, CA 91786		TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS	12525 CHADRON AVE																																																																																																							
CITY-ST-ZIP	HAWTHORNE CA 90250																																																																																																							
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS	ANDUS WADHAWAN																																																																																																							
CITY-ST-ZIP	12525 CHADRON AVE																																																																																																							
	HAWTHORNE CA 90250																																																																																																							
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS	SECRETARY VICTOR SZE																																																																																																							
CITY-ST-ZIP	12525 CHADRON AVE																																																																																																							
	HAWTHORNE CA 90250																																																																																																							
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS	PRESIDENT WAYNE MAGILL																																																																																																							
CITY-ST-ZIP	2022 11TH ST																																																																																																							
	UPLAND, CA 91786																																																																																																							
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	Delete																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	Change Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	Change Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	Change Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	Change Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																																								
SIGNATURE:  VICTOR SZE - OSI SYSTEMS, INC, MAR 3-21-04 (310) 978-0510																																																																																																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>																																																																																																								

24078532



03232004 Chg-LLC CR2E083 (10/03)