

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90044 016 ***150.00

DOCUMENT # L03000026778

1. Entity Name
OSI DEFENSE SYSTEMS, LLC



Principal Place of Business

300 SUNPORT LANE
SUITE 500
ORLANDO, FL 32835

Mailing Address

12525 CHADRON AVE
HAWTHORNE, CA 90250

DO NOT WRITE IN THIS SPACE



04122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3100130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
CHOPRA, DEEPAK
12525 CHADRON AVE
HAWTHORNE, CA 90250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WADHAWAN, ANUJ
12525 CHADRON AVE
HAWTHORNE, CA 90250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SZE, VICTOR
12525 CHADRON AVE
HAWTHORNE, CA 90250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAGILL, WAYNE
2022 11TH ST.
UPLAND, CA 91786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 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

04/19/06 310-349-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #