File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Sandra B. Mortham DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 18 PM 12: 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L95000000833 GLOBAL NAVIGATION AND SURVEILLANCE SERVICE 18. Principal Place of Business Address S, L.C. (GNSS, L.C.) 9710 DEER RUN DRIVE 9710 DEER RUN DRIVE SAWGRASS COUNTRY CLUB SAWGRASS COUNTRY CLUB PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/01/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3335476 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 8 75 Additional Fee Required 01/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name TERRELL, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 9710 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082 Suite, Apt. #, etc. City Zin Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when rainstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Dale

Daytimo Phone #