File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 12 PM 2: 01 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETART OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000833
GLOBAL NAVIGATION AND SURVEILLANCE SERVICE 1a. Principal Place of Business Address S, L.C. (GNSS, L.C.) 87 CEDAR ST. 87 CEDAR ST. ST AUGUSTINE FL 32085 ST AUGUSTINE FL 32085 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/01/1995 FLSuite Apt # etc Suite Apt #, etc. 4. FEI Number Applied For City & State City & State 59-3335476 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/18/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TERRELL, BRUCE A TERRELL, BRUCE A
Street Address (P.O. Box Number is Not Acceptable) 9710 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082 97 CEDAR Suite, Apt. #, etc 32084 Zip Code 32084 9. Pursuant to the provisions of Sections 608.416 and 608.508, Floridal Statutes, the above-named limited hability company submits this statement for the purpose of changing its registered office or registered agent, or both, in as registered agent and accept the obligations. he State of Florida. Si change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment SIGNATURE DATE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR TERRELL, BRUCE A 87 CEDAR ST. ST AUGUSTINE FL MGR TERRELL, GLENNA M 87 CEDAR ST ST AUGUSTINE FL endoren certa Grigga กัลหัวข่างค่า - ได้เกิดใช้-- 1996 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 bastee empowered in execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an limited liability company or the receiver or trastee empoattachment with an address SIGNATURE

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