

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0031364 AF

DOCUMENT # M000000000006

1. Entity Name  
WYLE SYSTEMS, LLC

01 FEB -2 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
165 TECHNOLOGY  
IRVINE CA 92618

Mailing Address  
165 TECHNOLOGY  
IRVINE CA 92618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25 HUB DRIVE  
Suite, Apt. #, etc.

25 HUB DRIVE  
Suite, Apt. #, etc.

MELVILLE, NY  
City & State

MELVILLE, NY  
City & State

Zip

Country

Zip

Country

11747 USA

11747 USA

4. FEI Number

33-0883363

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
ROBERT E. KLATELL  
25 HUB DRIVE  
MELVILLE, NY 11747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003662778--6  
-02/09/01--01012--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
FRANCIS M. SCRIPPO  
25 HUB DRIVE  
MELVILLE, NY 11747

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

ROBERT E. KLATELL 1/17/01 516-391-1779

CR2E083 (11/00)