LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

01-22-2003 90086 046 ****50.00
M02000003181

DOCUMENT # M02000003181

1. Entity Name
COUNTERMEASURES USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business	3. Mailing Address
4545 KINCARDINE DRIVE	4545 KINCARDINE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. FEI Number: 42-1560346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ROBERT J. HOWELLS

Street Address (P.O. Box Number is Not Acceptable): 4545 KINCARDINE DRIVE

City: JACKSONVILLE FL Zip Code: 32257

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: RJHowells 01-18-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT and CEO	TITLE	
NAME	ANTHONY J. ELWARD	NAME	
STREET ADDRESS	7 GAYLAND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LUTON LU2 ORR UNITED KINGDOM	CITY-ST-ZIP	
TITLE	VICE PRESIDENT and COO	TITLE	
NAME	THEODORUS I. KAVALIEROS	NAME	
STREET ADDRESS	11585 MANDARIN COVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	
TITLE	VICE PRESIDENT and SECRETARY	TITLE	
NAME	ROBERT J. HOWELLS	NAME	
STREET ADDRESS	4545 KINCARDINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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: ROBERT J. HOWELLS RJHowells 01-18-03 (904) 733-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #