

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001172
1. Entity Name
 GE HARRIS AVIATION INFORMATION SOLUTIONS, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business
 ONE NEUMANN WAY
 MD J-165
 CINCINNATI OH 45215-6301

Mailing Address
 ONE NEUMANN WAY
 MD J-165
 CINCINNATI OH 45215-6301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1591 Robert J. Conlan Blvd,
 Suite, Apt. #, etc. NE 120

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Palm Bay, FL

City & State

4. FEI Number
 31-160360 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARESCHI, WILLIAM J ONE NEUMANN WAY F-103 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPARKS, RUSSELL ONE NEUMANN WAY G-127 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWELL, ELIZABETH ONE NEUMANN WAY F-120 CINCINNATI OH 45215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, MIKE 2400 NE PALM BAY ROAD PALM BAY FL 32905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARK, DOUG 2400 NE PALM BAY ROAD PALM BAY FL 32905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE OLIVER ONE NEUMANN WAY F-103 CINCINNATI, OH 45215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORRAINE BOLSINGER ONE NEUMANN WAY F-120 CINCINNATI, OH 45215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVI SUNDARAMAN 1591 ROBERT J. CONLAN BLVD, NE 120 PALM BAY, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR MANAGER

Date

Daytime Phone #

7/17/00 321 674 0074

CR2E083 (5/00)