

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000058502

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: WESTERN AVIONICS U.S.A. CORPORATION

Current Principal Place of Business:

2180 W STATE RD 434, SUITE 1124
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W STATE RD 434, SUITE 1124
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3739902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIHLEN & SILLS, P.A.
1173 SPRING CENTRE SOUTH BLVD, SUITE C
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTHEWS, CLIVE
Address: 2180 W STATE RD 434, SUITE 1124
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SYNNOTT, GERRY
Address: 2180 W STATE RD 434, SUITE 1124
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MATTHEWS, MARIE
Address: 2180 W STATE RD 434, SUITE 1124
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIVE R MATTHEWS

MR.

04/26/2002

Electronic Signature of Signing Officer or Director

Date