2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000026814

Entity Name: C & S AVIONICS CORPORATION

Current Principal Place of Business:

9946 NW 49TH TERRACE
MIAMI, FL 33178

New Principal Place of Business:

6913 NW 43 STREET
MIAMI, FL 33166

Current Mailing Address:

9946 NW 49TH TERRACE
MIAMI, FL 33178

New Mailing Address:

5 NORTH BEST POINT
INVERNESS, FL 34450

FEI Number: 65-1082684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNDELIUS, WALTER D SR
9946 NW 49TH TERRACE
MIAMI, FL 33178

Name and Address of New Registered Agent:

LUNDELIUS, WALTER D SR
5 NORTH BEST POINT
MIAMI, FL 34450

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: _____ 04/23/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COCKRELL, DAVID
Address: 9946 NW 49TH TERRACE
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete
Name: STEELE, STEVEN Q
Address: 9946 NW 49TH TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COCKRELL, DAVID
Address: 6913 NW 43 STREET
City-St-Zip: MIAMI, FL 33166

Title: VD (X) Change ( ) Addition
Name: STEELE, STEVEN Q
Address: 6913 NW 43 STREET
City-St-Zip: MIAMI, FL 33166

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: DAVID A. COCKRELL PD 04/23/2002
Electronic Signature of Signing Officer or Director — Date