Make Check/Payable to Florida Department of State

10. TITLE NAME STREET ADDRESS CITY-ST-ZIE PID ☐ Delete TITLE TITLE NAME Thomas morgan NAME 20 N. Grange Ave., Sk. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP orlando, PL 32801 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE Benjamin P. Butterfield TITLE NAME 500011140375 NAME 20 NOTANGE AVE. (HE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP orlando FL 32 PO CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME

J. stephen Zepf NAME Zo N. Orange Ave. STREET ADDRESS STREET ADDRESS CITY-ST-7IP orlando iPL 32801 CITY-ST-ZIF □ Change Addition TITLE ☐ Delete AT (AS TITLE JM CLARK NAME NAME STREET ADDRESS STREET ADDRESS

20 N. Grange Ave. Str. 200 Orlando, FL 32801 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. September 2. Benjamin P. Butterfield

SIGNATURE:

Secretary

CR2E034 (10/02)

2013

Attachment to UBR for Hughes Aviation, Inc.

VP Daniel P. Hall 400 Herndon Avenue Orlando, FL 32802

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Ā	CCOUNT NO. : 07210000032
	REFERENCE : 908811 7107686
CUA	THORIZATION: P. J.
	COST LIMIT: \$ 150.00
ORDER DATE : Janua	ry 27, 2003
ORDER TIME : 4:24	PM
ORDER NO. : 90881	1-005
CUSTOMER NO: 71	.07686
Hughes S Suite 20 20 North	Bergstresser, Paralegal Supply, Inc. OO O Orange Avenue FL 32801
NAME - UI	CHANGE OF AGENT JGHES AVIATION, INC.
NAME: HU	JGHES AVIATION, INC.
PLEASE RETURN THE	FOLLOWING AS PROOF OF FILING:
CERTIFIED O	COPY PED COPY
	•
CONTACT PERSON: Jo	oyce Markley EXT# 1130
	EXAMINER: