


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P13730 1. Entity Name L-3 COMMUNICATIONS AVIONICS COMPONENT OVERHAUL AND REPAIR, INC.	
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Principal Place of Business 5250 N W 33RD AVE FT LAUDERDALE, FL 33309-6301 US	Mailing Address 5250 N W 33RD AVE FT LAUDERDALE, FL 33309-6301 US
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01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1174777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000032099 02/04/04-80176-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LANZA, FRANK C 600 THIRD AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO LAPENTA, ROBERT V 600 THIRD AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEVENS, ADRIENNE 600 THIRD AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CAMBRIA, CHRISTOPHER C 600 THIRD AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SOUZA, STEPHEN M 600 THIRD AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GOLDSTEIN, KENNETH 600 THIRD AVE NEW YORK, NY 10016

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IN THIS SPACE

12. 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.

SIGNATURE:  **Adrienne L. Stevens, President 1/23/04 616/949-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #