FILED

-2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am § Secretary of State **DOCUMENT #** P14599 1. Entity Name 05-08-2002 90126 030 ***150.00 AVIATION SYSTEMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1701 B CLINT MOORE ROAD 1701 B CLINT MOORE ROAD **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2810906 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ' GRAY, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1701 B CLINT MOORE ROAD **BOCA RATON FL 33487** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CEOD** TITLE Delete TITLE ☐ Change ☐ Addition GRAY, WILLIAM NAME NAME 1701 B CLINT MOORE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP VST TITLE **VST** TITLE Change ☐ Defete ☐ Addition PAULFUS, RANDALL 1701 B CLINT MOORE RD NAME HERMAN, JAMES NAME STREET ADDRESS 1701 B CLINT MOORE ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** BOCA RATION FL 33481 CITY-ST-7IP TITLE Delete D TITLE Change ☐ Addition NAME SAUDER, PHILIP NAME STREET ADDRESS 1701 B CLINT MOORE ROAD STREET ADDRESS CITY-ST-ZIE **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STEWART, RALPH NAME STREET ADDRESS 1701 B CLINT MOORE ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WHITING, PAUL NAME STREET ADDRESS 1701 B CLINT MOORE ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OF RINTED NAME OR SIGNING OFF Daytime Phone #