2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am Secretary of State P17908 DOCUMENT # 1. Entity Name AEROFLEX UTMC MICROELECTRONIC SYSTEMS INC. 02-24-2002 90018 012 ***150.00 Mailing Address Principal Place of Business 4350 CENTENNIAL BLVD. 4350 CENTENNIAL BLVD. COLORADO SPRINGS CO 80907 COLORADO SPRINGS CO 80907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 84-0822182 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME GORIN, MICHAEL NAME STREET ADDRESS 35 S SERVICE ROAD STREET ADDRESS **PLAINVIEW NY 11803** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BOROW, LEONARD /NAME STREET ADDRESS 35 S SERVICE RD STREET ADDRESS CITY-ST-ZIP PLAINVIEW NY 11803 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME GREGORY, CHARLES NAME STREET ADDRESS STREET ADDRESS 4350 CENTENNIAL BLVD CITY-ST-ZIP COLORADO SPRINGS CO 80907 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME **BLAU, HARVEY** STREET ADDRESS STREET ADDRESS 35 S SERVICE RD CITY-ST-ZIP CITY-ST-ZIP PLAINVIEW NY 11803 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BADLATO, CHARLES MARAE NAME STREET ADDRESS STREET ADDRESS 35 S. SERVICE ROAD CITY-ST-ZIP CITY-ST-ZIP PLAINVIEW NY 11803 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

Charles

SIGNATURE:

Gregory/Bresident

Douting Phone #

FILED