FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34293** **(1)**

1. Corporation Name

AEROFLEX LABORATORIES INCORPORATED

Principal Place of Business

35 SOUTH SERVICE ROAD
PLAINVIEW NY 11803

Mailing Address

35 SOUTH SERVICE ROAD
PLAINVIEW NY 11803
US

3. Date Incorporated or Qualified: **06/13/1991**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **11-2774706** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BOROW, LEONARD		1 NAME	
STREET ADDRESS	35 S SERVICE RD		1 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY		1 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GORIN, MICHAEL		2 NAME	
STREET ADDRESS	35 SOUTH SERVICE ROAD		2 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY		2 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	BLAU, HARVEY		3 NAME	
STREET ADDRESS	100 JERICHO QUADRANGLE		3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY		3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate, that the exemption stated in Section 119.07(3)(i), Florida Statutes, if any, 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Michael Gorin 1/17/96 516-752-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)