




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P34293</b> 1. Entity Name <b>AEROFLEX LABORATORIES INCORPORATED</b>			
Principal Place of Business <b>35 SOUTH SERVICE ROAD PLAINVIEW, NY 11803</b>		Mailing Address <b>35 SOUTH SERVICE ROAD PLAINVIEW, NY 11803 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>11-2774706</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000014276 01/27/04-80017-008 150.00	
TITLE	VD		
NAME	GORIN, MICHAEL		
STREET ADDRESS	35 S SERVICE RD		
CITY - ST - ZIP	PLAINVIEW, NY 11803		
TITLE	D		
NAME	BLAU, HARVEY		
STREET ADDRESS	100 JERICHO QUADRANGLE, STE 225		
CITY - ST - ZIP	JERICHO, NY 11753		
TITLE	D		
NAME	BLAU, HARVEY		
STREET ADDRESS	100 JERICHO QUADRANGLE		
CITY - ST - ZIP	PLAINVIEW, NY 11803		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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:  <b>CHARLES R. MILLER</b> 1/6/04 516-752-3314		Date: _____ Daytime Phone: _____	