

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000011012

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** FLIGHT AVIONICS OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

520 VIRGINIA DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 VIRGINIA DRIVE  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-3248236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSON, BRUCE  
520 VIRGINIA DRIVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: OLSON, BRUCE  
Address: 520 VIRGINIA DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: FOSTER, KEN  
Address: 520 VIRGINIA DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: CD  
Name: CHIRA, LEE  
Address: 520 VIRGINIA DRIVE  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE OLSON

PRES

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date