Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000213081 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : C T CORPORAT Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

(850)222-1092

Fax Number

(850)222~9428

4505 PH 4:2

REGISTERED AGENT CHANGE

WESCAM INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Elization of the Company of the Comp

CARROWING PIPE

Public Access Help

All all to

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502. 607. this statement of change is submitted for a corporation organized to Florida. In order to change its registered office or resistance.	inder the laws of the State of
of Florida.	
1. The name of the corporation: WESCAM INCORPORATED	
2. The principal office address: 1443 General Aviation Drive. Hanger II	, Melbourne, FL 32935
3. The mailing address (if different):	
4. Date of incorporation/qualification: March 20, 1995 Doc	nument number: P950000224[35]
5. The name and street address of the current registered agent and a Florida Department of State:	要に
David A. Schwartz	
8181 W. Broward Blvd.	10204 5 F
Plantation, FL 33324	R 30
6. The name and street address of the new registered agent (if changed): CT Corporation System	hanged) and /or registered office (if
c/o C T Corporation System (P.O. Box or personal maribox NOT acceptable)	
1200 South Pine Island Road, Plantation, Flo.	•
The street address of its registered office and the street address of agent, as changed will be identical.	_
Such thanks was authorized by resolution duly adopted by its board, or the corporation has been notified in w	
(b) charge of an ornea, charmen or the charmen of the board)	er C. Cambria
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent. Or, if this document is being filed merely to refoffice address, I hereby confirm that the corporation has been no	Ment Secretary (10) act in this capacity, we to the proper and complete pobligation of my position as lect a change in the registered tified in writing of this change.
CT Corporation System	16/25/04
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314