


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90086 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083196

1. Corporation Name

MCDONNELL AEROSPACE GROUP, INC.

Principal Place of Business  
4505 S. GOLDENROD RD.  
ORLANDO FL 32822

Mailing Address  
4505 S. GOLDENROD RD.  
ORLANDO FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1020 NW 62 ST Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33309		2a. Mailing Address 26 PO BOX 81200 Suite, Apt. #, etc. 27 City & State 28 ALBUQUERQUE NM Zip 29 87198		3. Date Incorporated or Qualified 09/22/1997 4. FEI Number APPLIED FOR 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

ZIEGLER, JACK  
4505 S. GOLDENROD RD.  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name  
Keely Whittington  
82 Street Address (P.O. Box Number is Not Acceptable)  
1020 62 ST NW  
83  
84 City  
Ft. Lauderdale FL  
85 Zip Code  
33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, KEELY	1.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	1.3 STREET ADDRESS	PO BOX 81200
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	Albuquerque NM 87198
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, NERISSA	2.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	2.3 STREET ADDRESS	PO BOX 81200
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	Albuquerque, NM 87198
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, SCOTT	3.2 NAME	
STREET ADDRESS	4505 S. GOLDENROD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)