

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026627

FILED  
Jul 01, 2004  
Secretary of State

**Entity Name:** AVIATION SYSTEMS AND PROGRAMS II, INC.

**Current Principal Place of Business:**

1890 S CONFERENCE DRIVE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1890 S CONFERENCE DRIVE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 65-0918997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARMOUR, ALAN I II  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DE SANTIS, LORI ANN  
Address: 1890 S CONFERENCE DRIVE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORI ANN DE SANTIS

D

07/01/2004

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

\_\_\_\_\_ Date