

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001122

FILED
Jan 04, 2010
Secretary of State

Entity Name: L-3 COMMUNICATIONS AVIONICS SYSTEMS, INC.

Current Principal Place of Business:

5353 52ND ST
GRAND RAPIDS, MI 49512

New Principal Place of Business:

Current Mailing Address:

C/O L-3 COMMUNICATIONS CORPORATION
600 THIRD AVE
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 38-1865601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: STRIANESE, MICHAEL
Address: 600 THIRD AVE
City-St-Zip: NEW YORK, NY 10016

Title: D
Name: STEVEN, POST
Address: 600 THIRD AVE
City-St-Zip: NEW YORK, NY 10016

Title: V
Name: STEVEN, POST
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: T
Name: SOUZA, STEPHEN
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: VP
Name: VAN BLERKOM, LAWRENCE
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: P
Name: STEVENS, ADRIENNE L.
Address: 5353 52ND STREET, S.E.
City-St-Zip: GRAND RAPIDS, MI 49512

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: LAWRENCE VAN BLERKOM

VP

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date