FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:00

DOCUMENT # **P15355** **(1)**

1. Corporation Name
BE AEROSPACE, INC.

Principal Place of Business	Mailing Address
1300 CORPORATE CENTER WAY SUITE 202 WELLINGTON FL 33414	1300 CORPORATE CENTER WAY SUITE 202 WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 01/21/1994

21	2. Principal Place of Business: 1400 Corporate Center Way	26	2a. Mailing Address: 1400 Corporate Center Way
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Wellington, Florida	28	City & State: Wellington, Florida
24	Zip: 33414	29	Zip: 33414
25	County	30	County

4. FEI Number: 06-1209796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☒ Addition
NAME	KHOURY,AMIN J.	12 NAME	Thomas P. McCaffrey
STREET ADDRESS	11332 LONGMEADOW DRIVE	13 STREET ADDRESS	1400 Corporate Center Way
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	Wellington, Florida 33414
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	KHOURY,ROBERT.	22 NAME	
STREET ADDRESS	889 CUTLER ROAD	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COWART, JIM C.	32 NAME	
STREET ADDRESS	28681 ABANTES PLACE	33 STREET ADDRESS	
CITY ST ZIP	LAGUNA NIGUEL CA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARSHALL,PAUL W.	42 NAME	
STREET ADDRESS	6 CHANDLER ST.	43 STREET ADDRESS	
CITY ST ZIP	LEXINGTON MA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HAMMERMESH,RICHARD G.	52 NAME	
STREET ADDRESS	33 WOODLAND STREET.	53 STREET ADDRESS	
CITY ST ZIP	AUBURNDALE MA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ODONNELL,JOSEPH J.	62 NAME	
STREET ADDRESS	15 CLAIRMONT ROAD.	63 STREET ADDRESS	
CITY ST ZIP	BELMONT MA	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: Thomas P. McCaffrey THOMAS P. McCAFFREY 2/20/15 (407) 791-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED MAY 25 1995

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