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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P15355 (1)

1. Corporation Name
BE AEROSPACE, INC.

Principal Place of Business	Mailing Address
1400 CORPORATE CENTER WYA SUITE 802 WELLINGTON FL 33414 US	1400 CORPORATE CENTER WAY SUITE 202 WELLINGTON FL 33414-2105 US

3. Date Incorporated or Qualified: 07/27/1987	3a. Date of Last Report: 04/22/1996
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	

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

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KHOURY,AMIN J.		1.2 NAME		
STREET ADDRESS	11332 LONGMEADOW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE	VC/CEO	☐ Change ☐ Addition
NAME	KHOURY, ROBERT J		2.2 NAME		
STREET ADDRESS	889 CUTLER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	DPC	☐ DELETE	3.1 TITLE	D/P/COO	☐ Change ☐ Addition
NAME	FULCHINO, PAUL E		3.2 NAME		
STREET ADDRESS	11831 PEBBLEWOOD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP		
TITLE	VPCF	☐ DELETE	4.1 TITLE	VP/CFO	☐ Change ☐ Addition
NAME	MCCAFFREY, THOMAS P.		4.2 NAME		
STREET ADDRESS	2126 HENLEY PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP		
TITLE	VPSC	☐ DELETE	5.1 TITLE	VP/S	☐ Change ☐ Addition
NAME	MORIARTY, EDMUND J		5.2 NAME		
STREET ADDRESS	1113 MYSTIC WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE	VP/T	☐ Change ☐ Addition
NAME	HOLTZMAN, JEFFREY P.		6.2 NAME		
STREET ADDRESS	15290 MEADOW WOOD RAOD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE _____ RECEIVED APR 17 1997