

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15355

1. Entity Name

BE AEROSPACE, INC.

Principal Place of Business

1400 CORPORATE CTR WAY
WELLINGTON FL 33414
US

Mailing Address

1400 CORPORATE CENTER WAY
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1209796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME KHOURY, AMIN J.
STREET ADDRESS 1400 CORPORATE CENTER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCEO
NAME KHOURY, ROBERT J
STREET ADDRESS 900 FOX VALLEY DRIVE, STE 104
CITY-ST-ZIP LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO
NAME MCCAFFREY, THOMAS P.
STREET ADDRESS 1400 CORPORATE CENTER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME MORIARTY, EDMUND J
STREET ADDRESS 1400 CORPORATE CENTER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME HOLTZMAN, JEFFREY P.
STREET ADDRESS 1400 CORPORATE CENTER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Assistant Secretary
NAME William A. Miller
STREET ADDRESS 1400 Corporate Center Way
CITY-ST-ZIP Wellington, FL 33414

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Miller 2/14/01 561-791-5000

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE