


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 848759		
1. Entity Name MOOG INC.		
Principal Place of Business JAMISON ROAD ATTN: TAX DEPT. EAST AURORA, NY 14052	Mailing Address JAMISON ROAD ATTN: TAX DEPT. EAST AURORA, NY 14052	



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0757636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000365413 05/10/05-80010-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUBRECHT, RICHARD A SENECA ST & JAMISON RD EAST AURORA, N Y 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANTA, ROBERT R. SENECA ST., & JAMISON RD EAST AURORA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALKIN, TIMOTHY P SENECA ST & JAMISON RD EAST AURORA, NY 14052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BRADY, ROBERT T. SENECA ST & JAMISON RD EAST AURORA, N Y 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald K. Lubbock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 (716) 687-4200

Date

Daytime Phone #