
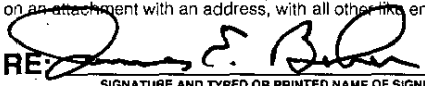


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90477 042 \*\*\*150.00

<b>DOCUMENT # F01000002824</b>					
1. Entity Name HAMILTON SUNDSTRAND AVIATION SERVICES, INC.					
Principal Place of Business ONE HAMILTON ROAD WINDSOR LOCKS, CT 06096		Mailing Address ONE HAMILTON ROAD WINDSOR LOCKS, CT 06096			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1619515</b>	
				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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, JAMES	NAME	Peterson, James		
STREET ADDRESS	4747 HARRISON AVE.	STREET ADDRESS	4747 Harrison Ave.		
CITY-ST-ZIP	ROCKFORD, IL 61125	CITY-ST-ZIP	Rockford, IL 61125		
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTS, MICHAEL A	NAME			
STREET ADDRESS	ONE HAMILTON ROAD	STREET ADDRESS			
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KALLMAN, TODD	NAME	Keith R. Rivers		
STREET ADDRESS	ONE HAMILTON ROAD	STREET ADDRESS	One Hamilton Road		
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096	CITY-ST-ZIP	Windsor Locks, CT 06096		
TITLE	CD <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENTHAL, WILLIAM E	NAME	William E. Rosenthal		
STREET ADDRESS	ONE HAMILTON ROAD	STREET ADDRESS	One Hamilton Road		
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096	CITY-ST-ZIP	Windsor Locks, CT 06096		
TITLE	DAS <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHERRY, JAMES A	NAME	David G. Nord		
STREET ADDRESS	ONE HAMILTON ROAD	STREET ADDRESS	One Hamilton Road		
CITY-ST-ZIP	WINDSOR LOCKS, CT 06096	CITY-ST-ZIP	Windsor Locks, CT 06096		
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GEST, JOSEPH	NAME	James E. Baker		
STREET ADDRESS	ONE HAMILTON ROAD	STREET ADDRESS	4747 Harrison Avenue		
CITY-ST-ZIP	WINDSOR LOCKS, CT 060961010	CITY-ST-ZIP	Rockford, IL 61125-7002		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		James E. Baker		4/29/04 815-226-6043	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	