

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 039 ***150.00

DOCUMENT # F95000001904 1. Entity Name PIPER AIRCRAFT, INC.																																															
Principal Place of Business 2926 PIPER DR VERO BEACH, FL 32960			Mailing Address 2926 PIPER DR VERO BEACH, FL 32960																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country	4. FEI Number 23-2809685																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent HARKINS, FRANCIS J 2926 PIPER DR VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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)																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D NAME SCHREIBER, RICHARD R STREET ADDRESS 1629 LOCUST STREET CITY-ST-ZIP PHILADELPHIA, PA</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D NAME ROBERT BROOKS STREET ADDRESS 2 BETHESDA METRO CENTER 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D NAME PRICE, STEVE STREET ADDRESS 2 BETHESDA METRO CENTER 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D NAME JAMES K. BASS STREET ADDRESS 2926 PIPER DRIVE CITY-ST-ZIP VERO BEACH, FLORIDA 32960</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D NAME MYUNG, YI STREET ADDRESS 2 BETHESDA METRO CTR. 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D NAME SELIM BASSOUL STREET ADDRESS MIDDLEBY CORPORATION 1400 TOASTMASTER DRIVE CITY-ST-ZIP ELGIN, IL 60120</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">CD NAME O' BRIEN, GORDON STREET ADDRESS 2 BETHESDA METRO CTR. 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">OS NAME FRANZKE, SUZON W.J.D. STREET ADDRESS 2926 PIPER DR CITY-ST-ZIP VERO BCH, FL 32960</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D NAME LOGAN, TOM STREET ADDRESS GLOBAL DOSIMETRY SOLUTION:2652 MCGAW AVE CITY-ST-ZIP IRVINE, CA 92614</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D NAME SCHREIBER, RICHARD R STREET ADDRESS 1629 LOCUST STREET CITY-ST-ZIP PHILADELPHIA, PA	<input type="checkbox"/> Delete	TITLE	D NAME ROBERT BROOKS STREET ADDRESS 2 BETHESDA METRO CENTER 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D NAME PRICE, STEVE STREET ADDRESS 2 BETHESDA METRO CENTER 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE	D NAME JAMES K. BASS STREET ADDRESS 2926 PIPER DRIVE CITY-ST-ZIP VERO BEACH, FLORIDA 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D NAME MYUNG, YI STREET ADDRESS 2 BETHESDA METRO CTR. 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE	D NAME SELIM BASSOUL STREET ADDRESS MIDDLEBY CORPORATION 1400 TOASTMASTER DRIVE CITY-ST-ZIP ELGIN, IL 60120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	CD NAME O' BRIEN, GORDON STREET ADDRESS 2 BETHESDA METRO CTR. 14TH FLOOR CITY-ST-ZIP BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	OS NAME FRANZKE, SUZON W.J.D. STREET ADDRESS 2926 PIPER DR CITY-ST-ZIP VERO BCH, FL 32960	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D NAME LOGAN, TOM STREET ADDRESS GLOBAL DOSIMETRY SOLUTION:2652 MCGAW AVE CITY-ST-ZIP IRVINE, CA 92614	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				772.299.2776																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANCIS J. HARKINS				Date _____ Daytime Phone # _____																																											