2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 818635

1. Entity Name
BUEHLER AVIATION RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
305 ROUTE 17 SOUTH PARAMUS, NJ 07652	113 JOHNSON AVE. HACKENSACK, NJ 07601

07022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
22-1754787

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, JOHN H
700 NE 40TH COURT
FORT LAUDERDALE, FL 33334

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000168142
07/26/04-80001-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WACHOVIA BANK
STREET ADDRESS	266 HARRISTOWN RD.
CITY-ST-ZIP	GLEN ROCK, NJ 07452
TITLE	VD
NAME	PAYNE, JOHN H
STREET ADDRESS	700 NE 40TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	ASTD
NAME	WEAVER, GEORGE
STREET ADDRESS	871 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DT
NAME	BOYLE, ROBERT D.
STREET ADDRESS	113 JOHNSON AVENUE
CITY-ST-ZIP	HACKENSACK, NJ
TITLE	DT
NAME	STOLBERG, GEORGE
STREET ADDRESS	4203 LA VERDE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	ESQ
NAME	HARTMAN, PORTER
STREET ADDRESS	115 W. CENTURY ROAD
CITY-ST-ZIP	PARAMUS, NJ

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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 617, 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: Robert D Boyle Trustee 7/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #