

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818635

FILED
Jan 16, 2009
Secretary of State

Entity Name: BUEHLER AVIATION RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

113 JOHNSON AVENUE
HACKENSACK, NJ 07601

New Principal Place of Business:

Current Mailing Address:

113 JOHNSON AVENUE
HACKENSACK, NJ 07601

New Mailing Address:

FEI Number: 22-1754787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, GEORGE
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HARTMAN, PORTER E
Address: 115 W. CENTURY ROAD
City-St-Zip: PARAMUS, NJ 07652

Title: TD () Delete
Name: BOYLE, ROBERT D
Address: 113 JOHNSON AVENUE
City-St-Zip: HACKENSACK, NJ 07601

Title: PTD () Delete
Name: WEAVER, GEORGE
Address: 5300 NORTH FEDERAL HWY.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TD () Delete
Name: STOLBERG, GEORGE
Address: 4203 LA VERDE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. BOYLE

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date