

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 830164 (0)

1. Corporation Name
GAB ROBINS NORTH AMERICA, INC.



Principal Place of Business 9 CAMPUS DRIVE PARSIPPANY NJ 07054 US	Mailing Address P.O. BOX 316 STE 7 PARSIPPANY NY 07054-0316 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/1973

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 13-2747054	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> CEO	<input type="checkbox"/> DELETE
NAME	ANTHONY M. CZURA	
STREET ADDRESS	175 COMMANCHE DR	
CITY-ST-ZIP	OCEANPORT NJ	
TITLE	<input type="checkbox"/> VPT	<input type="checkbox"/> DELETE
NAME	FERUGHELI, PAUL J	
STREET ADDRESS	31 CARSON ROAD	
CITY-ST-ZIP	BUDD LAKE NJ 07828	
TITLE	<input checked="" type="checkbox"/> PD	<input type="checkbox"/> DELETE
NAME	DAVID W. J. MCGIRR	
STREET ADDRESS	83 PHEASANT LANE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	<input checked="" type="checkbox"/> VPSC	<input type="checkbox"/> DELETE
NAME	HOPKINS, R. H.	
STREET ADDRESS	9 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	<input type="checkbox"/> CVPD	<input type="checkbox"/> DELETE
NAME	DARDEN, JOHN F.	
STREET ADDRESS	9 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	<input checked="" type="checkbox"/> EVP	<input type="checkbox"/> DELETE
NAME	PAUL V. BROECKX	
STREET ADDRESS	2420 CAMNER ST	
CITY-ST-ZIP	FORT LEE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CEO
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	OCEANPORT, NJ 07757
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/CEO/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	06830
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SVP/S/C
4.3 STREET ADDRESS	MELISSA H. BIRN
4.4 CITY-ST-ZIP	31 OLD FARMSTEAD ROAD CHESTER, NEW JERSEY 07930
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ENP/CEO/D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP/C
6.3 STREET ADDRESS	ANTHONY BOURES
6.4 CITY-ST-ZIP	23 DEER PATH NEE HANIC, NEW JERSEY 08853

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **4/22/98 (972) 992-2571**

CR2E034 (10/97)