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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830164

1. Corporation Name
GAB ROBINS NORTH AMERICA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/25/1973

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

4. FEI Number: 13-2747054 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY M. CZURA		1.2 NAME		
STREET ADDRESS	175 COMMANCHE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEANPORT NJ 07757		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERUGHELI, PAUL J		2.2 NAME		
STREET ADDRESS	31 CARSON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUDD LAKE NJ 07828		2.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVID W. J. MCGIRR		3.2 NAME		
STREET ADDRESS	33 PHEASANT LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP		
TITLE	SVPC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BIREN, MELISSA H		4.2 NAME		
STREET ADDRESS	31 OLD FARMSTEAD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTER NJ 07930		4.4 CITY-ST-ZIP		
TITLE	VPCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DARDEN, JOHN F.		5.2 NAME		
STREET ADDRESS	9 CAMPUS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ		5.4 CITY-ST-ZIP		
TITLE	VPC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOURES, ANTHONY		6.2 NAME		
STREET ADDRESS	23 DEER PATH		6.3 STREET ADDRESS		
CITY-ST-ZIP	NESCHANIC NJ 08853		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: anthony Bourès ANTHONY J. BOURES 4/22/99 (973)993-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)