

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 830164 1. Entity Name GAB ROBINS NORTH AMERICA, INC.	
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Principal Place of Business 9 CAMPUS DRIVE, STE. 7 ATTN: J.E. GILMORE/PARALEGAL PARSIPPANY, NJ 07054 US	Mailing Address 9 CAMPUS DRIVE, STE. 7 ATTN: J.E. GILMORE/PARALEGAL PARSIPPANY, NJ 07054 US
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01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2747054	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

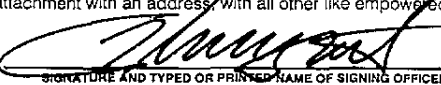
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ZUBRETSKY, JOSEPH M 200 RIVERSIDE BLVD. NEW YORK, NY 10009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISLER, JOHN 712 FIFTH AVENUE-34TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERDON, TED 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 070540316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCGILL, DENNIS 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 070540316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBIORE, ALBERT 712 FIFTH AVENUE-34TH FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCS JACKSON, THOMAS M 17 HAWTHORNE COURT MORRISTOWN, NJ 07960

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03/04/04-80025-007 150.00

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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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Jackson/Corporate Secretary

3/29/2004