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.

Principal Place of Business	Mailing Address
9 CAMPUS DRIVE, STE. 7 ATTN: J.E. GILMORE/PARALEGAL PARSIPPANY, NJ 07054 US	9 CAMPUS DRIVE, STE. 7 ATTN: J.E. GILMORE/PARALEGAL PARSIPPANY, NJ 07054 US

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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

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

U00000076365
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

2/29/2004