


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90191 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 858189					
1. Corporation Name AIRCO, INC.					
Principal Place of Business 575 MOUNTAIN AVE. MURRAY HILL NJ 07974			Mailing Address 575 MOUNTAIN AVE. MURRAY HILL NJ 07974		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		24-2468639	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PS	<input type="checkbox"/> DELETE			
NAME	BONNES, CHARLES A				
STREET ADDRESS	34 GRAMERCY PARK EAST				
CITY-ST-ZIP	NEW YORK NY				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	SYMANSKI, ROBERT A.				
STREET ADDRESS	16 SUSAN DRIVE				
CITY-ST-ZIP	CHATHAM NJ				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	ALVARO, FERDINAND JR.				
STREET ADDRESS	234 KENT PLACE BLVD				
CITY-ST-ZIP	SUMMIT NJ				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	BOYCE, JAMES A				
STREET ADDRESS	10 ACADEMY COURT				
CITY-ST-ZIP	BEDMINISTER NJ				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	FLEMING, PATRICIA E				
STREET ADDRESS	1035 SLEEPY HOLLOW LANE				
CITY-ST-ZIP	PLAINFIELD NJ				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	STEVENS, ROBERT P				
STREET ADDRESS	575 MOUNTAIN AVE				
CITY-ST-ZIP	MURRAY HILL NJ 07974				



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE REQUIRED

J.A. BOYCE

04/05/99 Date

908-665-2400 Daytime Phone

CR2E034 (1/1/98)