

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90014 031 ***150.00

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1. Entity Name
HAWKER PACIFIC AEROSPACE, INC.



Principal Place of Business
**11240 SHERMAN WAY
SUN VALLEY, CA 91352**

Mailing Address
**11240 SHERMAN WAY
SUN VALLEY, CA 91352**

40026944



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3528840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	KOESTER, KLAUS
STREET ADDRESS	11240 SHERMAN WAY
CITY-ST-ZIP	SUN VALLEY, CA 91352
TITLE	DCOB
NAME	MUKRASCH, UWE
STREET ADDRESS	11240 SHERMAN WAY
CITY-ST-ZIP	SUN VALLEY, CA 91352
TITLE	M
NAME	CARR, BRIAN S
STREET ADDRESS	11240 SHERMAN WAY
CITY-ST-ZIP	SUN VALLEY, CA 91352
TITLE	CFO
NAME	JACOBS, DENNIS E
STREET ADDRESS	11240 SHERMAN WAY
CITY-ST-ZIP	SUN VALLEY, CA 91352
TITLE	D
NAME	JANSEN, PETER DR
STREET ADDRESS	11240 SHERMAN WAY
CITY-ST-ZIP	SUN VALLEY, CA 91352
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1/28/08

(818) 765-6201