


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005075
 1. Entity Name
 AERO CAC SPE CORP.



Principal Place of Business 50 NORTH WATER STREET C/O GREENFIELD PARTNERS, LLC NORWALK, CT 06854	Mailing Address 50 NORTH WATER STREET C/O GREENFIELD PARTNERS, LLC NORWALK, CT 06854
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07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1796428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORAB, EUGENE A 50 NORTH WATER STREET NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARCUS, BARRY P 50 NORTH WATER STREET NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALTIERI, PAUL 50 NORTH WATER STREET NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALLEY, CHRISTOPHER W 50 NORTH WATER STREET NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOTTER, DEAN A 50 NORTH WATER STREET NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000167579
 07/21/04-80002-008 50.00

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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: *James C. Goch* Approved Res 7/21/04 410-216-6122