

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000005075

1. Entity Name
AERO CAC SPE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 14 PM 12:06

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



02092006 REIN-P CR2E098 (11/05)

2. Principal Place of Business
201 West Street

3. Mailing Address
201 West Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Annapolis, MD

City & State
Annapolis, MD

Zip
21401

Country
USA

Zip
21401

Country
USA

4. FEI Number
31-1796428

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Mark S. Eppley

Assistant Vice-President
and Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/13/06
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORAB, EUGENE A 50 NORTH WATER STREET NORWALK, CT 06854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARCUS, BARRY P 50 NORTH WATER STREET NORWALK, CT 06854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALTIERI, PAUL 50 NORTH WATER STREET NORWALK, CT 06854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALLEY, CHRISTOPHER W 50 NORTH WATER STREET NORWALK, CT 06854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOTTER, DEAN A 50 NORTH WATER STREET NORWALK, CT 06854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Russell Blackwell 201 West Street Suite 200 Annapolis, MD 21401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Daniel Witte 201 West Street Suite 200 Annapolis, MD 21401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edward Buckley 201 West Street Suite 200 Annapolis, MD 21401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900068561829 03/24/06--01007--020 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT of...	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

James C. Boddy

2/11/06
Date

410-200-1100
Daytime Phone #