

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002475 1. Entity Name AIRTRON, INC.	
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Principal Place of Business C/O AIRTRON, INC. 7813 N. DIXIE HWY. DAYTON, OH 45414	Mailing Address C/O AIRTRON, INC. 7813 N. DIXIE HWY. DAYTON, OH 45414
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1054368	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 AVE
TALLAHASSEE, FL 32301**

**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 _____

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	
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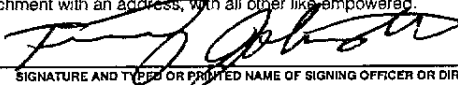
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STANTON, CARL 390 PARK AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CASCADE, JOSHUA 390 PARK AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZER, ERIC 7813 N DIXIE DR DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JOHNSTON, TIMOTHY 7813 N DIXIE DR DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80052-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #