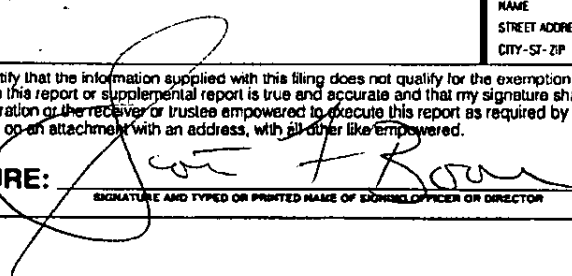


FILED
Mar 29, 2005 8:00 am
Secretary of State

02-21-2005 90066 014 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000002475			
1. Entity Name AIRTRON, INC.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		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		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301		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 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STANTON, CARL 390 PARK AVE NEW YORK, NY 10022 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LOIS HEDG-PETH 263 TRESSER BLVD. 8TH FLOOR STAMFORD, CT 06901 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CASCADE, JOSHUA 390 PARK AVE NEW YORK, NY 10022 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DERICK KING 25 SHEPARD AVE. WEST SUITE 1500 TORONTO, ONTARIO CANADA M2N 6S6 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZER, ERIC 7813 N DIXIE DR DAYTON, OH 45414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT BOOSE 7813 N. DIXIE DR. DAYTON, OH 45414 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JOHNSTON, TIMOTHY 7813 N DIXIE DR DAYTON, OH 45414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICTOR RAGUCCI 7813 N. DIXIE DR. DAYTON, OH 45414 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3-21-05 937-898-052x	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	