

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # F03000005140

1. Entity Name
BOMBARDIER AEROTECH INC.



Principal Place of Business
P.O. BOX 991
261 MOUNTAIN VIEW DR.
COLCHESTER, VT 05446

Mailing Address
P.O. BOX 991
261 MOUNTAIN VIEW DR.
COLCHESTER, VT 05446



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3040099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PARK, RICHARD R
PO BOX 991, 261 MOUNTAIN VIEW DR
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TAVLIN, PETER M
P.O. BOX 991, 261 MOUNTAIN VIEW DR
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CARLE, ROGER
800 RENE-LEVESQUE W 28TH FLOOR
MONTREAL QUEBEC CANADA, H3B1Y8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CARNEY, VAUGHN A
PO BOX 991, 261 MOUNTAIN VIEW DR
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000731390
05/09/07-80003-013 150.00

**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

Vaughn Carney
Secretary

4/23/07

Date

802.764.5202

Daytime Phone #