

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005692

FILED
Mar 16, 2005
Secretary of State

Entity Name: ROBERTSON AIRTECH INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

1101 EAST 36TH STREET
CHARLOTTE, NC 28205

New Principal Place of Business:

Current Mailing Address:

PO BOX 5646
CHARLOTTE, NC 28299

New Mailing Address:

FEI Number: 56-1212224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROBERTSON, WALTER L JR
Address: 1101 EAST 36TH STREET
City-St-Zip: CHARLOTTE, NC 28205

Title: VCP () Delete
Name: ROBERTSON, STEPHEN L
Address: 1101 EAST 36TH STREET
City-St-Zip: CHARLOTTE, NC 28205

Title: DVPS () Delete
Name: WATTS, RONALD C
Address: 1995 CHESPAK DRIVE
City-St-Zip: GASTONIA, NC 28052

Title: D () Delete
Name: ROBERTSON, JAMES E
Address: 1101 EAST 36TH STREET
City-St-Zip: CHARLOTTE, NC 28205

Title: TVP () Delete
Name: NEWLIN, LISA A
Address: 1101 EAST 36TH STREET
City-St-Zip: CHARLOTTE, NC 28205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A NEWLIN

TVP

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date