


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**.FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000006403**

1. Entity Name  
**AIL SYSTEMS, INC.**



Principal Place of Business  
**60 EAST 42ND STREET, 42ND FLOOR  
 NEW YORK, NY 10165**

Mailing Address  
**60 EAST 42ND STREET, 42ND FLOOR  
 NEW YORK, NY 10165**

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>31-1255270</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 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

**00000088187**  
**03/15/04-80041-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, JAMES M 60 EAST 42ND STREET, 42ND FLOOR NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BASSETT, FEDERIC B 60 EAST 42ND STREET, 42ND FLOOR NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROST, WILLIAM J 60 EAST 42ND STREET, 42ND FLOOR NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOX, GEORGE P 60 EAST 42ND STREET, 42ND FLOOR NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William J Frost* **3/15/04** **212 716 2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #