


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 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



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number: **31-1255270** 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 AVENUE
 TALLAHASSEE, FL 32301**

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	CP
NAME	SMITH, JAMES M
STREET ADDRESS	60 EAST 42ND STREET, 42ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10165
TITLE	DT
NAME	BASSETT, FEDERIC B
STREET ADDRESS	60 EAST 42ND STREET, 42ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10165
TITLE	SD
NAME	FROST, WILLIAM J
STREET ADDRESS	60 EAST 42ND STREET, 42ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10165
TITLE	V
NAME	FOX, GEORGE P
STREET ADDRESS	60 EAST 42ND STREET, 42ND FLOOR
CITY-ST-ZIP	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* **William J. Frost** **4/27/05** **212-716-2000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary