

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005039

1. Entity Name
AAR ENGINE SERVICES, INC.



FILED

07 MAY 18 AM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 REIN-P CR2E098 (1/07)

Principal Place of Business
1100 N. WOOD DALE ROAD
WOOD DALE, IL 60191

Mailing Address
1100 N. WOOD DALE ROAD
WOOD DALE, IL 60191

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
36-4020610
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STORCH, DAVID P			NAME			
STREET ADDRESS	1100 N. WOOD DALE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE, IL 60191			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, JAMES J			NAME			
STREET ADDRESS	1100 N. WOOD DALE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE, IL 60191			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCDONALD, MARK			NAME			
STREET ADDRESS	1100 N. WOOD DALE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE, IL 60191			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PULSIFER, HOWARD A			NAME			
STREET ADDRESS	1100 N. WOOD DALE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE, IL 60191			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROMENSKO, TIMOTHY J			NAME			
STREET ADDRESS	1100 N. WOOD DALE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE, IL 60191			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

REINSTATEMENT

100102849571
05/18/07-01029-010 **300.00
B
5/25/07

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]* Vice President & Sec. 5/1/07
Signature and typed or printed name of signing officer or director Date Daytime Phone #