

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003021 (3)

1. Corporation Name

AAR AVIATION SERVICES, INC.



Principal Place of Business

747 ZECKENDORF BOULEVARD  
GARDEN CITY NY 11530

Mailing Address

1111 NICHOLAS BLVD.  
ELK GROVE VILLAGE IL 60007  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

02/06/1995

4. FFI Number

11-2325519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block in the space provided below.

(NOTE: Registered Agent signature is not required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | DSV                        | <input type="checkbox"/> DELETE |
| NAME           | PULSIFER, HOWARD A         |                                 |
| STREET ADDRESS | 1111 NICHOLAS BOULEVARD    |                                 |
| CITY-ST-ZIP    | ELK GROVE VILLAGE IL       |                                 |
| TITLE          | PD                         | <input type="checkbox"/> DELETE |
| NAME           | STORCH, DAVID P            |                                 |
| STREET ADDRESS | 1111 NICHOLAS BOULEVARD    |                                 |
| CITY-ST-ZIP    | ELK GROVE VILLAGE IL 60007 |                                 |
| TITLE          | VD                         | <input type="checkbox"/> DELETE |
| NAME           | ROMENESKO, TIMOTHY J.      |                                 |
| STREET ADDRESS | 2100 TOUHY AVENUE          |                                 |
| CITY-ST-ZIP    | ELK GROVE VILLAGE IL       |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            |                                                                              |
| 3. STREET ADDRESS  |                                                                              |
| 4. CITY-ST-ZIP     |                                                                              |
| 5. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                              |
| 7. STREET ADDRESS  |                                                                              |
| 8. CITY-ST-ZIP     |                                                                              |
| 9. TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME           |                                                                              |
| 11. STREET ADDRESS |                                                                              |
| 12. CITY-ST-ZIP    |                                                                              |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                                                              |
| 15. STREET ADDRESS |                                                                              |
| 16. CITY-ST-ZIP    |                                                                              |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                                                              |
| 19. STREET ADDRESS |                                                                              |
| 20. CITY-ST-ZIP    |                                                                              |

C.D.  
☒ Change ☐ Addition  
☒ Change ☐ Addition  
1111 Nicholas Blvd.  
Elk Grove Village, IL 60007  
P  
Terry Machanus  
2100 Touhy Ave.  
Elk Grove Village, IL 60007  
☐ Change ☐ Addition  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard A. Pulsifer 3/4/96

Date

Day/Time Period #

CR2E034 (12/95)