

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000001939

1. Entity Name  
AVIALL, INC.



Principal Place of Business  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

Mailing Address  
ATTN: TAX DEPT  
P.O. BOX 619048  
DALLAS, TX 75261-9048



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0433083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000596900  
01/24/07-80014-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
FULCHINO, PAUL E  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
COHEN, COLIN M  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
COHEN, COLIN M  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
MURPHY, JEFFREY J  
2750 REGENR BLVD  
DFW AIRPORT, TX 75261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COLLIER, JACQUELINE  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COLLIER, JACQUELINE  
2750 REGENT BLVD  
DFW AIRPORT, TX 75261

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/07