FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90063 014 ***150.00

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DOCUMENT # F94000005563

1. Corporation Name
AAR AVIATION CORP.

Principal Place of Business	Mailing Address
1100 N WOOD DALE RD WOODALE IL 60191 US	1100 NORTH WOOD DALE ROAD ATTN. ACCOUNTS PAYABLE DEPARTMENT WOOD DALE IL 60191 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1100 N. WOOD DALE RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Corp. Secretary
City & State 23	City & State 28 WOOD DALE, IL
Zip 24 / Country 25	Zip 29 60191 / Country 30 US

4. FEI Number: 36-2334820 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLAPKE, PHILIP		1.2 NAME		
STREET ADDRESS	1100 N WOODALE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WOODALE IL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, WILLIAM A.		2.2 NAME		
STREET ADDRESS	11001 N WOOD DALE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL 60191		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PULSIFER, HOWARD A		3.2 NAME		
STREET ADDRESS	1100 N WOOD DALE RAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STORCH, DAVID P.		4.2 NAME		
STREET ADDRESS	1100 N WOOD DALE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL 60191		4.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EICHNER, IRA A.		5.2 NAME		
STREET ADDRESS	1100 N WOOD DALE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOOD DALE IL 60191		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	ROMENESKO, TIMOTHY J		6.2 NAME	Romenesko, Timothy J.	
STREET ADDRESS	1100 WOOD DALE ROAD		6.3 STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE IL		6.4 CITY-ST-ZIP	WOOD DALE, IL 60191	

CR2E034 (11/98)

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #