

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 029 ***150.00

DOCUMENT # F94000005563

1. Entity Name

AAR AVIATION CORP.

Principal Place of Business

Mailing Address

1100 N WOOD DALE RD
WOODDALE IL 60191
US

1100 NORTH WOOD DALE ROAD
ATTN: CORP. SECRETARY
WOOD DALE IL 60191-1060
US

00020072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-2334820

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☐ Delete
NAME	SLAPKE, PHILIP	
STREET ADDRESS	1100 N WOODDALE RD	
CITY-ST-ZIP	WOODDALE IL	
TITLE	V	☒ Delete
NAME	BAILEY, WILLIAM A.	
STREET ADDRESS	11001 N WOOD DALE ROAD	
CITY-ST-ZIP	WOOD DALE IL 60191	
TITLE	VS	☐ Delete
NAME	PULSIFER, HOWARD A	
STREET ADDRESS	1100 N WOOD DALE RAD	
CITY-ST-ZIP	WOOD DALE IL	
TITLE	PD	☐ Delete
NAME	STORCH, DAVID P.	
STREET ADDRESS	1100 N WOOD DALE RD	
CITY-ST-ZIP	WOOD DALE IL 60191	
TITLE	CS	☐ Delete
NAME	EICHNER, IRA A.	
STREET ADDRESS	1100 N WOOD DALE RD	
CITY-ST-ZIP	WOOD DALE IL 60191	
TITLE	V	☐ Delete
NAME	ROMENESKO, TIMOTHY J	
STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE IL 60191	

TITLE	V	☐ Change
NAME	Peter K. Chapman	
STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE, IL 60191	
TITLE	V	☐ Change
NAME	A. LEE HALL	
STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE, IL 60191	
TITLE	V	☐ Change
NAME	Douglas S. Hara	
STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE, IL 60191	
TITLE	V	☐ Change
NAME	Michael Carr	
STREET ADDRESS	1100 N. WOOD DALE RD.	
CITY-ST-ZIP	WOOD DALE, IL 60191	
TITLE	PD	☒ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☐ Change
NAME	John C. Mache	
STREET ADDRESS	1100 N. WOOD DALE RD	
CITY-ST-ZIP	WOOD DALE, IL 60191	

13. 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard A. Pulsifer

2/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #