2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005563

1. Entity 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: CORP. SECRETARY WOOD DALE, IL 60191 US

02162004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CHAPMAN, PETER J
STREET ADDRESS	1100 N WOOD DALE RD
CITY-ST-ZIP	WOOD DALE, IL 60191
TITLE	VS
NAME	PULSIFER, HOWARD A
STREET ADDRESS	1100 N WOOD DALE RAD
CITY-ST-ZIP	WOOD DALE, IL
TITLE	PD
NAME	STORCH, DAVID P.
STREET ADDRESS	1100 N WOOD DALE RD
CITY-ST-ZIP	WOOD DALE, IL 60191
TITLE	D
NAME	EICHNER, IRA A.
STREET ADDRESS	1100 N WOOD DALE RD
CITY-ST-ZIP	WOOD DALE, IL 60191
TITLE	VPT
NAME	ROMENESKO, TIMOTHY J
STREET ADDRESS	1100 N. WOOD DALE RD.
CITY-ST-ZIP	WOOD DALE, IL 60191
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/04-80010-020 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #