

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90065 031 \*\*\*150.00

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| <b>DOCUMENT # F94000005563</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                               |                                                                                                        |                                                                                                                                             |                                                                              |
| <b>1. Entity Name</b><br>AAR AVIATION CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                               |                                                                                                        |                                                                                                                                             |                                                                              |
| <b>Principal Place of Business</b><br>1100 N WOOD DALE RD<br>WOODALE, IL 60191 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                               | <b>Mailing Address</b><br>1100 NORTH WOOD DALE ROAD<br>ATTN: CORP. SECRETARY<br>WOOD DALE, IL 60191 US |                                                                                                                                             |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | <b>3. Mailing Address</b>                                                                                                     |                                                                                                        |                                                                                                                                             |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | Suite, Apt. #, etc.                                                                                                           |                                                                                                        |                                                                                                                                             |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | City & State                                                                                                                  |                                                                                                        | 01252007    Chg-P    CR2E034 (12/06)                                                                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | Country                                                                                                                       |                                                                                                        | <b>4. FEI Number</b><br>36-2334820                                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | Country                                                                                                                       |                                                                                                        | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYS STREET, STE 105<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                               |                                                                                                        | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                              |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                               |                                                                                                        |                                                                                                                                             |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                        |                                                                                                                                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                           |                                                                                                                                             |                                                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>CHAPMAN, PETER K<br>1100 N WOOD DALE RD<br>WOOD DALE, IL 60191        | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | V<br>Michael K. Carver<br>1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VS<br>PULSIFER, HOWARD A<br>1100 N WOOD DALE RAD<br>WOOD DALE, IL          | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Michael S. Cahen<br>1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>STORCH, DAVID P.<br>1100 N WOOD DALE RD<br>WOOD DALE, IL 60191       | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Kevin Larson - V<br>1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>MCDONALD, MARK<br>201 HAYNES ST<br>CADILLAC, MI 49601                 | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | 1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VT<br>ROMENESKO, TIMOTHY J<br>1100 N. WOOD DALE RD.<br>WOOD DALE, IL 60191 | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Timothy O. Skelly<br>1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>CLARK, JAMES J<br>1100 N WOOD DALE RD<br>WOOD DALE, IL 60191          | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | David E. Prusiecki<br>1100 N. Wood Dale Rd.<br>Wood Dale, IL 60191                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>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 to this address, with all other like empowered.</b> |                                                                            |                                                                                                                               |                                                                                                        |                                                                                                                                             |                                                                              |
| <b>SIGNATURE:</b> _____<br>(Signature and typed or printed name of signing officer or director)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                               | Date: <b>3/1/07</b> Daytime Phone # _____                                                              |                                                                                                                                             |                                                                              |

# ATTACHMENT

Add:

V

Michael J. Sharp  
1100 N. Wood Dale Road  
Wood Dale, IL 60191

60020744  
# F94 000005563

D

Michael R. Boyce  
15200 Santa Fe Drive, Suite 101  
Lenexa, KS 66219

D

James G. Brocksmith, Jr.  
8930 Bay Colony Drive #1003  
Naples, FL 34108

D

Gerald F. Fitzgerald, Jr.  
1 West Northwest Highway  
P.O. Box 1428  
Palatine, IL 60078

D

Ronald R. Fogleman  
406 Snowcap Lane  
Durango, CO 81303

D

James E. Goodwin  
29 Brandywine Road  
S. Barrington, IL 60010

D

Patrick J. Kelly  
701 Hargar Road, Suite 190  
Oak Brook, IL 60523

D

Marc J. Walfish  
303 W. Madison Street  
Chicago, IL 60606

D

Ronald B. Woodard  
294 Cameron Road  
P.O. Box 108  
Shaw Island, WA 98286