

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001905

FILED
Feb 22, 2007
Secretary of State

Entity Name: AAR ALLEN SERVICES, INC.

Current Principal Place of Business:

1100 N WOOD DALE RD
WOOD DALE, IL 60191 US

New Principal Place of Business:

Current Mailing Address:

ATTN: HOWARD PULSIFER
1100 N. WOOD DALE RD.
WOOD DALE, IL 60191 US

New Mailing Address:

FEI Number: 36-4020612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: PULSIFER, HOWARD A
Address: 1100 N WOOD DALE RD
City-St-Zip: WOOD DALE, IL

Title: VTD () Delete
Name: ROMENESKO, TIMOTHY J
Address: 1100 N WOOD DALE RD
City-St-Zip: WOOD DALE, IL

Title: PD () Delete
Name: STORCH, DAVID P
Address: 1100 N WOOD DALE RD
City-St-Zip: WOOD DALE, IL

Title: V () Delete
Name: CLARK, JAMES J
Address: 1100 N WOOD DALE RD
City-St-Zip: WOOD DALE, IL 60191

Title: VP () Delete
Name: MCDONALD, MARK
Address: 201 HAYNES BLVD
City-St-Zip: CADILLAC, MI 49601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCDONALD, MARK
Address: 1100 N. WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD A. PULSIFER

VSD

02/22/2007

Electronic Signature of Signing Officer or Director

_____ Date