

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90026 032 ***150.00

DOCUMENT # F96000003491

1. Corporation Name

AAR AIRFRAME & ACCESSORIES GROUP, INC.



Principal Place of Business

1100 N WOOD DALE ROAD
WOOD DALE IL 60191
US

Mailing Address

1100 N WOOD DALE ROAD
WOOD DALE IL 60191
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

1100 N. WOOD DALE RD.

22

City & State

27

Suite, Apt. #, etc.
Attn: Howard Pulsifer

23

Zip

Country

28

City & State
WOOD DALE, IL

24

25

29

60191

30

USA

4. FEI Number

11-2325519

Applied For

Not Applicable

5. Certificate 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MACMANUS, TERRY
STREET ADDRESS 1100 N WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL

DELETE

1.1 TITLE

Change Addition

TITLE VSD
NAME PULSIFER, HOWARD A
STREET ADDRESS 1100 N WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL

DELETE

2.1 TITLE

Change Addition

TITLE VTD
NAME ROMENESKO, TIMOTHY J
STREET ADDRESS 1100 N WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL

DELETE

3.1 TITLE

Change Addition

TITLE D
NAME STORCH, DAVID P
STREET ADDRESS 1100 N WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL

DELETE

4.1 TITLE

Change Addition

TITLE V
NAME GREGORY, HARRY
STREET ADDRESS 1100 N. WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL 60191

DELETE

5.1 TITLE

Change Addition

TITLE V
NAME HACKENDAHL, CRAIG
STREET ADDRESS 1100 N. WOOD DALE ROAD
CITY-ST-ZIP WOOD DALE IL 60191

DELETE

6.1 TITLE

Change Addition

UP
Philip C. Slapke
1100 N. WOOD DALE RD.
WOOD DALE, IL 60191

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/18/99

Date

Daytime Phone #

CR2E034 (11/98)