

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90002 028 ***150.00

DOCUMENT # F96000003491

1. Entity Name
AAR DISTRIBUTION, INC.

Principal Place of Business
1100 N WOOD DALE ROAD
WOOD DALE IL 60191
US

Mailing Address
1100 N WOOD DALE ROAD
ATTN: HOWARD PALSIFER
WOOD DALE IL 60191
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2325519

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **STORCH, DAVID P**
STREET ADDRESS **1100 N WOOD DALE ROAD**
CITY-ST-ZIP **WOOD DALE IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **SLAPKE, PHILIP C**
STREET ADDRESS **1100 N. WOOD DALE ROAD**
CITY-ST-ZIP **WOOD DALE IL 60191**

TITLE ☐ Change ☒ Addition
NAME **Joseph M. Gullion**
STREET ADDRESS **1100 N. WOOD DALE RD.**
CITY-ST-ZIP **WOOD DALE, IL 60191**

TITLE **V** ☐ Delete
NAME **RYTYCH, EDWARD**
STREET ADDRESS **1100 N. WOOD DALE ROAD**
CITY-ST-ZIP **WOOD DALE IL 60191**

TITLE ☐ Change ☒ Addition
NAME **Michael Beckstead**
STREET ADDRESS **1111 Nicholas Blvd.**
CITY-ST-ZIP **Elk Grove Village, IL 60007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Donald Ward**
STREET ADDRESS **6611 S. Meridian**
CITY-ST-ZIP **Oklahoma City, OK 73159**

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

SIGNATURE:

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

1/17/02

Date

Daytime Phone #

CR2E034 (9/01)