


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 023 ***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

34021378



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2325519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PULSIFER, HOWARD A 1100 N WOOD DALE ROAD WOOD DALE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROMENESKO, TIMOTHY J 1100 N WOOD DALE ROAD WOOD DALE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORCH, DAVID P 1100 N WOOD DALE ROAD WOOD DALE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, DON 6611 S. MERIDAN OKLAHOMA CITY, OK 73159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYTYCH, EDWARD 1100 N. WOOD DALE ROAD WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEWALL, ANDY 1100 N. WOODDALE RD WOOD DALE, IL 60191
DO NOT WRITE IN THIS SPACE	

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**

Date Daytime Phone #