

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90146 032 ***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

4. FEI Number **11-2325519**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **President & Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **GULLION, JOSEPH M**
STREET ADDRESS **1100 N. WOOD DALE RD.**
CITY-ST-ZIP **WOOD DALE IL 60191**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Don Ward**
STREET ADDRESS **6611 S. Meridian**
CITY-ST-ZIP **OKLAHOMA CITY, OK 73159**

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

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

TITLE **VP** ☒ Delete
NAME **BECKSTEAD, MICHAEL**
STREET ADDRESS **1111 NICHOLAS BLVD.**
CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Andy Sewall**
STREET ADDRESS **1100 N. WOOD DALE RD.**
CITY-ST-ZIP **WOOD DALE, IL 60191**

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

Daytime Phone #

CR2E034 (10/02)