


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0159008 FP

**DOCUMENT # F97000002393**

1. Entity Name  
**ROSEMOUNT AEROSPACE INC.**



FILED  
04 FEB 25 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14300 JUDICIAL RD.  
BURNSVILLE MN 55306-4898

Mailing Address  
2730 W TYVOLA DROAD  
TAX DEPT.  
CHARLOTTE NC 28217  
US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **41-1729983**  
Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**C.T. CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City  
**Tallahassee** FL Zip Code  
**32301**

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 *Carla Lohi* **Carla Lohi**  
Asst. Vice President  
DATE **2-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PISCATELLA, MICHAEL J</b> 2730 W. TYVOLA RD. CHARLOTTE NC 28217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>WITOWSKI, GERALD</b> 14300 JUDICIAL RD. BURNSVILLE MN 55306-4898 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOCH, ALEXANDER C</b> 2730 W TYROLA ROAD CHARLOTTE NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WITOWSKI, GERALD T</b> 14300 JUDICIAL RD. BURNSVILLE MN 55306-4898 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANDOLINO, JOSEPH F</b> 2730 W TYROLA ROAD CHARLOTTE NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>Cynthia M. Egnatovich</b> 2730 W. Tyvola Rd Charlotte, NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>600024566346</b> 11/10/03-01073-009 <b>\$750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>Kenneth L. Wagner</b> 2730 W. Tyvola Rd Charlotte, NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200029529662</b> <i>Makes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T</b> <b>Scott E. Kuechle</b> 2730 W. Tyvola Rd Charlotte, NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Date **11/5/03** Daytime Phone # **7044237564**

CR2E034 (4/03)

**CSC**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
 REFERENCE : 457979 7282677  
 AUTHORIZATION : *Patricia Pigato*  
 COST LIMIT : \$ 900<sup>00</sup>

ORDER DATE : February 24, 2004  
 ORDER TIME : 1:10 PM  
 ORDER NO. : 457979-015  
 CUSTOMER NO: 7282677  
 CUSTOMER: Ms. Jennie M. Raine  
 Goodrich Corporation  
 Four Coliseum Centre  
 2730 West Tyvola Road  
 Charlotte, NC 28217-4578

RECEIVED  
 04 FEB 26 AM 10:54  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: ROSEMOUNT AEROSPACE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

RECEIVED  
 04 FEB 25 PM 2:52  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**RESUBMIT**

Please give original submission date as file date.