

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90074 018 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000005471

1. Corporation Name  
AER GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 222 E. CAMPUS VIEW BLVD. COLUMBUS OH 43235  
Mailing Address: 222 E. CAMPUS VIEW BLVD. COLUMBUS OH 43235

3. Date Incorporated or Qualified: 10/17/1997

4. FEI Number: 31-1402565

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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUTTER, WILLIAM F	
STREET ADDRESS	222 E. CAMPUS VIEW BLVD.	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHOONOVER, MICHAEL L	
STREET ADDRESS	222 E. CAMPUS VIEW BLVD.	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOYER, JOHN E	
STREET ADDRESS	222 E. CAMPUS VIEW BLVD.	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWERS, THOMAS	
STREET ADDRESS	222 E. CAMPUS VIEW BLVD.	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KERBER, STEVEN	
STREET ADDRESS	222 E. CAMPUS VIEW BLVD.	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GETTMAN, G	
STREET ADDRESS	222 E CAMPUS VIEW BLVD	
CITY-ST-ZIP	COLUMBUS OH 43235	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *William F. Hutter* SIGNATURE REQUIRED: Hutter, W.F. 1-19-99 614-436-5880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)