

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 012 ***550.00

DOCUMENT # F99000002172

1. Entity Name
IAE INTERNATIONAL AERO ENGINES AG INC.

Principal Place of Business Mailing Address
400 MAIN STREET M/S 121-10 **400 MAIN STREET M/S 121-10**
EAST HARTFORD CT 06108 **EAST HARTFORD CT 06108**

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 **98-0074602** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P <input type="checkbox"/> Delete
NAME	TERRETT, MICHAEL
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108
TITLE	V <input type="checkbox"/> Delete
NAME	FEHLING, WILLIAM J
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108
TITLE	S <input type="checkbox"/> Delete
NAME	ENGIN, MUTAHARE
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108
TITLE	T <input type="checkbox"/> Delete
NAME	PELAN, BRIAN
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108
TITLE	C <input type="checkbox"/> Delete
NAME	ROSE, JOHN E
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108
TITLE	D <input type="checkbox"/> Delete
NAME	KRAPEK, KARL J
STREET ADDRESS	400 MAIN STREET
CITY-ST-ZIP	EAST HARTFORD CT 06108

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Healy, John McL.
STREET ADDRESS	400 Main Street
CITY-ST-ZIP	East Hartford, CT 06108
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheffins, John P.
STREET ADDRESS	Moor Lane
CITY-ST-ZIP	Derby, DE 24 8BJ United Kingdom
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chenevert, Louis
STREET ADDRESS	400 Main Street
CITY-ST-ZIP	East Hartford, CT 06108

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]* Date: 8/14/00 Daytime Phone #: 860-565-1489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)