2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003368

Entity Name: A.A.R. SERVICES, INC.

Address:

City-St-Zip:

WINDSOR STREET

CAMBRIDGE, MA

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1061 COLI SUITE 6 NAPLES, F	LIER CENTER FL 34110	RWAY			
Current Mailing Address:			New Mailing Address:		
1061 COLI SUITE 6 NAPLES, F	LIER CENTER FL 34110	RWAY			
FEI Number:	: 59-3521065	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1061 COLI SUITE 6	CHRISTOPHE LEGE CENTE FL 34110 US	R WAY			
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SEAVEY, CHR	CENTER WAY	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T (FINER, THERE 9943 BOCA AV NAPLES, FL 3	/E N	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (SINCLAIR, DO ST GERMAIN S QUINCY, MA		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (TRIPP, SHERF) Delete RY	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER SEAVEY P 01/06/2004