

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04809 (0)**

1. Corporation Name
AAI CORPORATION



Principal Place of Business: 107 INDUSTRY LANE 119/921 POST OFFICE BOX 8006 COCKEYSVILLE MD 21030-8006
Mailing Address: 107 INDUSTRY LANE 119/921 POST OFFICE BOX 8006 COCKEYSVILLE MD 21030-8006 US

3. Date Incorporated or Qualified: **01/28/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **52-0583724**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ERKENEFF, R. R.	
STREET ADDRESS	100 INDUSTRY LANE	
CITY-ST-ZIP	COCKEYSVILLE MD	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MICHAUD, P. J	
STREET ADDRESS	100 INDUSTRY LANE	
CITY-ST-ZIP	COCKEYSVILLE MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLOCH, HOWARD M.	
STREET ADDRESS	100 INDUSTRY LANE	
CITY-ST-ZIP	COCKEYSVILLE MS	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MALOOLY, T.A.	
STREET ADDRESS	107 INDUSTRY LANE	
CITY-ST-ZIP	HUNT VALLEY MD	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	WORTHING R.W.	
STREET ADDRESS	100 INDUSTRY LANE	
CITY-ST-ZIP	HUNT VALLEY MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEIN, BERNARD	
STREET ADDRESS	80 GORDON ROAD	
CITY-ST-ZIP	SCARSDALE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (410)628-3732
Date Daytime Phone #

CR2E034 (12/95)