

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13730

1. Entity Name

BFGOODRICH AEROSPACE COMPONENT OVERHAUL & REPAIR

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90361 022 ***150.00

Principal Place of Business

Mailing Address

817 DESSAU RD
AUSTIN EXECUTIVE AIRPARK
AUSTIN TX 78753
US

4020 KINROSS LAKES PKWY
RICHFIELD OH 44286-9368
US

2. Principal Place of Business

3. Mailing Address

2550 West Tyvola Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte, NC

4. FEI Number

31-1174777

Applied For

Not Applicable

Zip

Country

Zip

Country

28217

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D ☒ Delete
NAME RYAN, M K
STREET ADDRESS 250 M CLEVELAND MASSILLON RD
CITY-ST-ZIP AKRON OH 01.

TITLE Director ☐ Change ☒ Addition
NAME Alexander C. Schoch
STREET ADDRESS 2550 W Tyvola Rd
CITY-ST-ZIP Charlotte, NC 28217

TITLE COB ☒ Delete
NAME AVERY, ROBERT L
STREET ADDRESS 1323 30TH AVE WEST
CITY-ST-ZIP EVERETT WA

TITLE Chairman of the Board/Director ☐ Change ☒ Addition
NAME David R. Watson
STREET ADDRESS 850 Lagoon Drive
CITY-ST-ZIP Chula Vista, CA 91910

TITLE VP ☐ Delete
NAME HOBBS, JOHN J.
STREET ADDRESS 11323 30TH AVE. WEST, PAINE FIELD
CITY-ST-ZIP EVERETT WA 98204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SHERWOOD, GEORGE K.
STREET ADDRESS 4020 KINROSS LAKES PARKWAY
CITY-ST-ZIP RICHFIELD OH 68

TITLE Treasurer ☐ Change ☒ Addition
NAME Scott E. Kuechle
STREET ADDRESS 2550 W Tyvola Rd
CITY-ST-ZIP Charlotte, NC 28217

TITLE S ☒ Delete
NAME CALISE, NICHOLAS J.
STREET ADDRESS 4020 KINROSS LAKES PARKWAY
CITY-ST-ZIP RICHFIELD OH 68

TITLE Secretary ☐ Change ☐ Addition
NAME Kenneth L. Wagner
STREET ADDRESS 2550 W Tyvola Rd
CITY-ST-ZIP Charlotte, NC 28217

TITLE D ☒ Delete
NAME AVERY, ROBERT L
STREET ADDRESS 11323 30TH AVE WEST
CITY-ST-ZIP EVERETT WA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott E. Kuechle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

704-423-7133
Daytime Phone #

CR2E034 (9/99)