

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# P27793

1. Entity Name
CJ SYSTEMS AVIATION GROUP, INC.



Principal Place of Business
**ALLEGHENY COUNTY AIRPORT
PITTSBURGH, PA 15122**

Mailing Address
**ALLEGHENY COUNTY AIRPORT
PITTSBURGH, PA 15122**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1351959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000120656
04/20/04-80019-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SHAULIS, FRED S.
STREET ADDRESS	14600 N. AIRPORT DR.
CITY - ST - ZIP	SCOTTSDALE, AZ
TITLE	PD
NAME	URBAN, RANDELL
STREET ADDRESS	ALLEGHENY CO. AIRPORT
CITY - ST - ZIP	WEST MIFFLIN, PA 15122
TITLE	V
NAME	FREVOI A. JOHN J.
STREET ADDRESS	14600 N. AIRPORT DR.
CITY - ST - ZIP	SCOTTSDALE, AZ
TITLE	VT
NAME	TITUS, ROBERT L.
STREET ADDRESS	ALLEGHENY CO. AIRPORT
CITY - ST - ZIP	PITTSBURGH, PA
TITLE	D
NAME	WATKINS, CHARLES B.
STREET ADDRESS	322 BLVD OF THE ALLIES
CITY - ST - ZIP	PITTSBURGH, PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #