2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P27793

Entity Name: CJ SYSTEMS AVIATION GROUP, INC.

Current Principal Place of Business:

ALLEGHENY COUNTY AIRPORT
PITTSBURGH, PA 15122

New Principal Place of Business:

Current Mailing Address:

ALLEGHENY COUNTY AIRPORT
PITTSBURGH, PA 15122

New Mailing Address:

57 ALLEGHENY COUNTY AIRPORT
PITTSBURGH, PA 15122

FEI Number: 25-1351959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SHAULIS, FRED S.,
Address: 14600 N. AIRPORT DR.
City-St-Zip: SCOTTSDALE, AZ

Title: PD ( ) Delete
Name: URBAN, RANDELL
Address: ALLEGHENY CO. AIRPORT
City-St-Zip: WEST MIFFLIN, PA 15122

Title: V ( ) Delete
Name: FREVOLA, JOHN J.,
Address: 14600 N. AIRPORT DR.
City-St-Zip: SCOTTSDALE, AZ

Title: VT ( ) Delete
Name: TITUS, ROBERT L.,
Address: ALLEGHENY CO. AIRPORT
City-St-Zip: PITTSBURGH, PA

Title: D ( ) Delete
Name: WATKINS, CHARLES B.,
Address: 322 BLVD OF THE ALLIES
City-St-Zip: PITTSBURGH, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM SPATARO CTRL 04/04/2005

Electronic Signature of Signing Officer or Director Date