


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P38423</b> 1. Entity Name AAF-MCQUAY INC.	
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Principal Place of Business 10300 ORMSBY PARK PLACE SUITE 600 LOUISVILLE, KY 40223-6169 US	Mailing Address P.O BOX 35690 LOUISVILLE, KY 40232-5690 US
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-0404230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CHOY, HO NYUK 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRUEGER, BRUCE D 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERENCZ, JOHN G 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEDERSON, RONALD J 10300 ORMSBY PARK PLACE LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000140673 04/29/04-80170-025 150.00
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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:  <b>Secretary</b> 4/21/04 (502) 637-0011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>