FILED Jun 12, 2003 8:00 am Secretary of State

(Preparer info on back)

Thomas M. Jackson Corporate Secretary (973) 993-3556

Daytime Phone #

2003	FOR	PRO	FIT C	ORPO	PAT	TION
UNIFO	RM E	BUSII	NESS	REPO	RT	(UBR)

Principal Place of Business 9 CAMBUS PRINC 9 CAMBUS PRINC PARSIPPANT NI 07054-0316 US 90 Principal Place of Business US 91 Principal Place of Business US 92 Principal Place of Business US 93 Principal Place of Business US 94 Principal Place of Business US 95 Principal Place of	1. Entity Nan	BINS NORTH AMERICA, INC		06-12-2003 90012 (001 ***150.00				
Applied For PARALLEGAL PARALLEGAL A FEI Number 13-2747054 Applied For Not Applicable	9 CAMPUS D SUITE 7 PARSIPPANY US	NJ 07054 Place of Business NPUS DRIVE	P.O. BOX 316 PARSIPPANY NY 07054-031 US 3. Mailing Address	S DRIVE					
Section Sect	Duit	ET PARALEDAL-	- JUITE /	PACALEGAL					
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEL IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS III. TITLE DOBBLE TUBE TAUGHSTSKY, JOSEPH M 200 RIVERSIDE BLVD. NEW YORK NY 10009 TO STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10009 TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition TITLE PCD CHANGES Ted Yerdon- Treasurer 9 Campus Drives, Suite 7 Parsippany, NJ 07054-0316	YARS.	IPPANY, NU	PARSIPPAI	vy, NT	13-2/4/054	Not Applicable			
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 life if applicable. (NOTE: Registered Agent signature required when renstating) DATE FILE NOW!!! FEE IS \$150.00	0705		07054	Country	5. Certificate of Status Desired				
NRAI SERVICES, INC. 528 E. PARK AVENUE TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and late if applicable. NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. UNUSE SIGNATURE John Geisler — Director 712 fifth Avenue — 34 th Floor NEW YORK NY 10009 TULE NAME SIREET ADDRESS CITY- 51-ZIP NAME SIREET ADDRESS TOTY- 51-ZIP BELFER, BARRY 130 LORRAINE DRIVE BERKELEY HEIGHTS NJ 07922 Delete TILE VPC VPC Delete TILE Parsippany, NJ 07054-0316		6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE	526 E. P/	ARK AVENUE			(P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its 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.				City	City Tip Code				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obliga SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agent ar				6			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE BELFER, BARRY STREET ADDRESS CITY-ST-ZIP TITLE BERKELEY HEIGHTS NJ 07922 TITLE NAME NAME NAME TOPIC Delete TITLE NAME TOPIC NAME NAME TOPIC NAME TITLE NAME TOPIC	Afte	r May 1, 2003 Fee will be \$550.00	State		Trust Fund Contribution.	☐ Added to Fees			
NAME STREET ADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE BERKELEY HEIGHTS NJ 07922 TITLE NAME TITLE NAME Delete TITLE TEPE, WILLIAM C NAME Delete TITLE NAME TITLE NAME TEPE, WILLIAM C NAME NAME John Geisler – Director 712 fifth Avenue – 34 th Floor New York, NY 10019 TITLE NAME TITLE THE THE THE THE THE THE THE THE THE TH	10.			11. (Queux	ADDITIONAL HANGES TO OFFICERS A	ND DIRECTORS IN 11			
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NAME TEPE, WILLIAM C	NAME STREET ADDRESS	130 LORRAINE DRIVE	Delete	NAME STREET ADDRESS		easurer			
CITY-ST-ZIP GOSHEN NY 10924 CITY-ST-ZIP	NAME STREET ADDRESS	TEPE, WILLIAM C 14 SAWYERS PARK DR. GOSHEN NY 10924	Delete	NAME STREET ADDRESS		7054-0316			
NAME STREET ADDRESS CITY-SI-ZIP Dennis McGill - Chief Financial Officer OITY-SI-ZIP ORDEROS Dennis McGill - Chief Financial Officer OITY-SI-ZIP OCITY-SI-ZIP	NAME STREET ADDRESS	JACKSON, THOMAS M 17 HAWTHORNE COURT	☐ Defete	NAME STREET ADDRESS	9 Campus Drive, Suite 7				
TITLE D BROCCOLETTI, THOMAS STREET ADDRESS CITY-ST-ZIP ROCKAWAY NJ 07866 D Delete D TITLE Parsippany, NJ 07054-0316 NAME STREET ADDRESS CITY-ST-ZIP TITLE Parsippany, NJ 07054-0316 NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	BROCCOLETTI, THOMAS 553 GREEN POND ROAD	Delete	NAME STREET ADDRESS	Parsippany, NJ 07054-0316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.) hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have TITLE NAME STREET ADDRESS CITY-ST-ZIP Albert Cribiore - Director 712 Fifth Avenue - 34 th Floor New York, NY	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with t		NAME STREET ADDRESS CITY-ST-ZIP	712 Fifth Avenue – 34	rector			

Attachment

80125950 #830164

GAB ROBINS NORTH AMERICA, INC.

Officers and Directors 2003

DIRECTORS

Joseph M. Zubretsky, Chairman Alberto Cribiore, Vice Chairman John Geisler Mike Karangelen Jun Tsusaka John Baily Norman Barham Jon Rotenstreich

OFFICERS

Joseph M. Zubretsky

President & Chief Executive Officer

Dennis McGill

Executive Vice President & Chief Financial Officer

Thomas M. Jackson

Executive Vice President & Corporate Secretary

Ted Yerdon

Vice President & Treasurer