


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 830164  
 1. Entity Name  
 GAB ROBINS NORTH AMERICA, INC.



Principal Place of Business      Mailing Address  
 9 CAMPUS DRIVE, STE. 7      9 CAMPUS DRIVE, STE. 7  
 ATTN: J.E. GILMORE/PARALEGAL      ATTN: J.E. GILMORE/PARALEGAL  
 PARSIPPANY, NJ 07054 US      PARSIPPANY, NJ 07054 US

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 13-2747054      Not Applicable

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

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

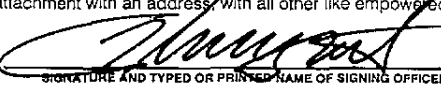
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ZUBRETSKY, JOSEPH M 200 RIVERSIDE BLVD. NEW YORK, NY 10009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISLER, JOHN 712 FIFTH AVENUE-34TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERDON, TED 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 070540316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCGILL, DENNIS 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 070540316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBIORE, ALBERT 712 FIFTH AVNEUE-34TH FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCS JACKSON, THOMAS M 17 HAWTHORNE COURT MORRISTOWN, NJ 07960

U00000076365  
 03/04/04-80025-007 150.00

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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)(f), 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

Thomas M. Jackson/Corporate Secretary

3/29/2004