

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830164

FILED
Apr 09, 2009
Secretary of State

Entity Name: GAB ROBINS NORTH AMERICA, INC.

Current Principal Place of Business:

9 CAMPUS DRIVE, STE. 7
ATTN: ELIZABETH J. ROMANI/PARALEGAL
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

9 CAMPUS DRIVE, STE. 7
PARSIPPANY, NJ 07054 US

Current Mailing Address:

9 CAMPUS DRIVE, STE. 7
ATTN: ELIZABETH J. ROMANI/PARALEGAL
PARSIPPANY, NJ 07054 US

New Mailing Address:

FEI Number: 13-2747054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PRES () Delete
Name: TROY, EDWARD G
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: TROY, EDWARD G DIR/PRE
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

Title: TREA () Change (X) Addition
Name: YERDON, EDWIN E TREAS
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

Title: SECY () Change (X) Addition
Name: BAUMGARTNER, HARRY M SECY
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIZABETH J ROMANI

AS

04/09/2009

Electronic Signature of Signing Officer or Director

Date