

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830164

FILED
Mar 01, 2011
Secretary of State

Entity Name: GAB ROBINS NORTH AMERICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

9 CAMPUS DRIVE,
ATTN: LEGAL DEPT/EJR
PARSIPPANY, NJ 07054 US

Current Mailing Address:

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

New Mailing Address:

9 CAMPUS DRIVE,
ATTN: LEGAL DEPT/EJR
PARSIPPANY, NJ 07054 US

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: LAFORGE, W. DANA
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: PRES
Name: GRABOWIECKI, EDWARD
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: SECY
Name: BAUMGARTNER, HARRY M
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: A.S.
Name: ROMANI, ELIZABETH J
Address: 9 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH J. ROMANI

A.S.

03/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date