

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 830164 (0)

1. Corporation Name

GAB ROBINS NORTH AMERICA, INC.

Principal Place of Business

9 CAMPUS DRIVE  
PARSIPPANY NJ 07054  
US

Mailing Address

9 CAMPUS DRIVE  
PARSIPPANY NJ 07054



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 05/25/1973	3a. Date of Last Report 05/16/1995
4. FEI Number 13-2747054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	COUPLAND, WARREN E	1.2 NAME	Anthony M. Czura
STREET ADDRESS	1540 MORGAN LANE	1.3 STREET ADDRESS	175 Commande Drive
CITY-ST-ZIP	WAYNE PA	1.4 CITY-ST-ZIP	Oceanport, NJ 07757
TITLE	VPT	2.1 TITLE	
NAME	FERUGHELI, PAUL J	2.2 NAME	
STREET ADDRESS	31 CARSON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUDD LAKE NJ 07828	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	President
NAME	EILER, ROGER G	3.2 NAME	David W. J. McGirr
STREET ADDRESS	129 AUTRMN RIDGE ROAD	3.3 STREET ADDRESS	33 Pheasant Lane
CITY-ST-ZIP	BEDMINSTER NJ	3.4 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	S	4.1 TITLE	
NAME	HOPKINS, R. H.	4.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	DARDEN, JOHN F.	5.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	EXEC Vice Pres.
NAME	EISENACHER, CRAIG E	6.2 NAME	PAUL V. BROECKX
STREET ADDRESS	361 GAUP ROAD	6.3 STREET ADDRESS	2420 Camner Street
CITY-ST-ZIP	PRINCETON NJ	6.4 CITY-ST-ZIP	Fort Lee, NJ 07024

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)