

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 07054-4408**

3. Date Incorporated or Qualified: **05/25/1973**  
3a. Date of Last Report: **05/01/1996**

21. Principal Place of Business	22. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	13-2747054	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO/DIRECTOR
NAME	ANTHONY M. CZURA	1.2 NAME	
STREET ADDRESS	175 COMMANCHE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCEANPORT N	1.4 CITY - ST - ZIP	
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	P	3.1 TITLE	Pres/Director
NAME	DAVID W. J. MCGIRR	3.2 NAME	
STREET ADDRESS	33 PHEASANT LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	EXP/GC/S
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	CFO/EXP/DIRECTOR
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	EVP	6.1 TITLE	
NAME	PAUL V. BROECKX	6.2 NAME	
STREET ADDRESS	2420 CAMNER ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LEE N	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. Howard Hopkins* Secretary 4/20/97 201-993-3429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)