

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90013 008 \*\*\*150.00

0002215

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 830164**

1. Corporation Name  
**GAB ROBINS NORTH AMERICA, INC.**

Principal Place of Business 9 CAMPUS DRIVE PARSIPPANY NJ 07054 US	Mailing Address P.O. BOX 316 STE 7 PARSIPPANY NY 07054-0316 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/25/1973</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-2747054</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY M. CZURA	1.2 NAME	
STREET ADDRESS	175 COMMANCHE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANPORT NJ 07757	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	PCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID W. J. MCGIRR	3.2 NAME	
STREET ADDRESS	33 PHEASANT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIREN, MELISSA H	4.2 NAME	
STREET ADDRESS	31 OLD FARMSTEAD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER NJ 07930	4.4 CITY-ST-ZIP	
TITLE	VPCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VPC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURES, ANTHONY	6.2 NAME	
STREET ADDRESS	23 DEER PATH	6.3 STREET ADDRESS	
CITY-ST-ZIP	NESCHANIC NJ 08853	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Anthony Joseph Boures ANTHONY J. BOURES Date: 1/22/99 Daytime Phone #: (923) 993-3400

CR2E034 (11/98)