

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005200

FILED
Feb 09, 2010
Secretary of State

Entity Name: AAR AIRCRAFT SERVICES, INC.

Current Principal Place of Business:

1100 N WOOD DALE ROAD
WOOD DALE, IL 60191

New Principal Place of Business:

Current Mailing Address:

1100 N WOOD DALE ROAD
WOOD DALE, IL 60191

New Mailing Address:

FEI Number: 90-0168563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D
Name: STORCH, DAVID
Address: 1100 N WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

Title: DP
Name: ROMENESKO, TIMOTHY
Address: 1100 N WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

Title: DSVP
Name: REGAN, ROBERT
Address: 1100 N WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

Title: VP
Name: WETEKAM, DONALD
Address: 6611 S MERIDIAN
City-St-Zip: OKLAHOMA CITY, OK 73159

Title: VPT
Name: POULTON, RICHARD
Address: 1100 N WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

Title: VP
Name: COHEN, MICHAEL
Address: 1100 N WOOD DALE ROAD
City-St-Zip: WOOD DALE, IL 60191

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: ROBERT J. REGAN

SEC

02/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date