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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P13730 (7)**  
1. Corporation Name  
**BFGOODRICH AEROSPACE COMPONENT OVERHAUL & REPAIR, INC.**

Principal Place of Business      Mailing Address  
**817 DESSAU RD  
AUSTIN EXECUTIVE AIRPARK  
AUSTIN TX 78753  
US**      **3925 EMBASSY PARKWAY  
AKRON OH 44333-1763**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/24/1987**      **04/26/1994**

4. FEI Number      Applied For  
**31-1174777**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

8. 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      85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS

TITLE      D  
NAME      **BURNER, DAVID L.**  
STREET ADDRESS      **250 N CLEVELANDMASSILLON**  
CITY-ST-ZIP      **AKRON OH**

TITLE      COB  
NAME      **LARSEN, MARSHALL O**  
STREET ADDRESS      **3414 S FIFTH ST**  
CITY-ST-ZIP      **PHOENIX AZ**

TITLE      PD  
NAME      **ALSPACH, BRUCE E.**  
STREET ADDRESS      **817 DESSAU RD.**  
CITY-ST-ZIP      **AUSTIN TX**

TITLE      V  
NAME      **SHERWOOD, GEORGE K.**  
STREET ADDRESS      **3925 EMBASSY PARKWAY**  
CITY-ST-ZIP      **AKRON OH**

TITLE      S  
NAME      **CALISE, NICHOLAS J.**  
STREET ADDRESS      **3925 EMBASSY PARKWAY**  
CITY-ST-ZIP      **AKRON OH**

TITLE      D  
NAME      **BURNER, DAVID L.**  
STREET ADDRESS      **250 N CLEVELANDMASSILLON RD**  
CITY-ST-ZIP      **AKRON OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE      D       Change       Addition  
12 NAME      **Ryan, M. Kevin**  
13 STREET ADDRESS      **250 N. Cleveland, Massillon Rd.**  
14 CITY-ST-ZIP      **Akron, Ohio 44333-1799**

21 TITLE      COB       Change       Addition  
22 NAME      **Avery, Robert L.**  
23 STREET ADDRESS      **101 Waco Street**  
24 CITY-ST-ZIP      **Troy, Ohio 45373**


31 TITLE      PD       Change       Addition  
32 NAME      **Swift, John T.**  
33 STREET ADDRESS      **400 Industrial Pkwy.**  
34 CITY-ST-ZIP      **Industrial Airport, Ks. 66031**

41 TITLE       Change       Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE       Change       Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE      D       Change       Addition  
62 NAME      **Avery, Robert L.**  
63 STREET ADDRESS      **101 Waco Street**  
64 CITY-ST-ZIP      **Troy, Ohio 45373**

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)(b), 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  **George K. Sherwood** Vice President-Tax Admin. & (216) 374-4183  
Asst. Treasurer 4-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



P13730

Joan M. Taffi

Assistant Secretary

Primary : 3925 Embassy Parkway  
Address : Akron, OH 44333-1799