

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 **4020 KINROSS LAKES PKWY**
AUSTIN EXECUTIVE AIRPARK **RICHFIELD OH 44266-368**
AUSTIN TX 78753 **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/24/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1174777	Applied For
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

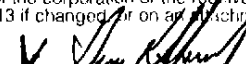
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, M K	1.2 NAME	
STREET ADDRESS	250 M CLEVELAND MASSILLON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 01	1.4 CITY-ST-ZIP	
TITLE	COB <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, ROBERT L	2.2 NAME	
STREET ADDRESS	1323 30TH AVE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EVERETT WA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOHN A	3.2 NAME	Hobbs, John J.
STREET ADDRESS	11323 30TH AVE W	3.3 STREET ADDRESS	11323 30th Ave. West, Paine Field
CITY-ST-ZIP	EVERETT WA	3.4 CITY-ST-ZIP	Everett, WA 98204
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, GEORGE K.	4.2 NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 68	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISE, NICHOLAS J.	5.2 NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 68	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, ROBERT L	6.2 NAME	
STREET ADDRESS	11323 30TH AVE WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	EVERETT WA	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.

SIGNATURE:  **George K. Sherwood, Vice Pres. Tax Admin. 4/22/98**

CR2E034 (10/97)