

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13730

1. Entity Name

BFGOODRICH AEROSPACE COMPONENT OVERHAUL & REPAIR

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90361 022 ***150.00

Principal Place of Business

Mailing Address

817 DESSAU RD
 AUSTIN EXECUTIVE AIRPARK
 AUSTIN TX 78753
 US

4020 KINROSS LAKES PKWY
 RICHFIELD OH 44286-9368
 US

2. Principal Place of Business

3. Mailing Address

2550 West Tyvola Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte, NC

4. FEI Number

31-1174777

Applied For

Not Applicable

Zip

Country

Zip

Country

28217

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, M K	
STREET ADDRESS	250 M CLEVELAND MASSILLON RD	
CITY-ST-ZIP	AKRON OH 01.	
TITLE	COB	<input checked="" type="checkbox"/> Delete
NAME	AVERY, ROBERT L	
STREET ADDRESS	1323 30TH AVE WEST	
CITY-ST-ZIP	EVERETT WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBBS, JOHN J.	
STREET ADDRESS	11323 30TH AVE. WEST, PAINE FIELD	
CITY-ST-ZIP	EVERETT WA 98204	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHERWOOD, GEORGE K.	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	
CITY-ST-ZIP	RICHFIELD OH 68	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CALISE, NICHOLAS J.	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	
CITY-ST-ZIP	RICHFIELD OH 68	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVERY, ROBERT L	
STREET ADDRESS	11323 30TH AVE WEST	
CITY-ST-ZIP	EVERETT WA	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander C. Schock	
STREET ADDRESS	2550 W Tyvola Rd	
CITY-ST-ZIP	Charlotte, NC 28217	
TITLE	Chairman of the Board/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Watson	
STREET ADDRESS	850 Lagoon Drive	
CITY-ST-ZIP	Chula Vista, CA 91910	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott E. Kuechle	
STREET ADDRESS	2550 W Tyvola Rd	
CITY-ST-ZIP	Charlotte, NC 28217	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth L. Wagner	
STREET ADDRESS	2550 W Tyvola Rd	
CITY-ST-ZIP	Charlotte, NC 28217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott E. Kuechle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

704-423-7133

Daytime Phone #

CR2E034 (9/99)