


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P38423
 1. Entity Name
AAF-MCQUAY INC.



Principal Place of Business Mailing Address
10300 ORMSBY PARK PLACE **P.O BOX 35690**
SUITE 600 **LOUISVILLE, KY 40232-5690 US**
LOUISVILLE, KY 40223-6169 US

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
41-0404230 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CHOY, HO NYUK 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRUEGER, BRUCE D 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERENCZ, JOHN G 10300 ORMSBY PARK PLACE, SUITE 600 LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEDERSON, RONALD J 10300 ORMSBY PARK PLACE LOUISVILLE, KY 402236169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000140673
 04/29/04-80170-025 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Secretary 4/21/04 (502)637-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #