

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90006 042 ***150.00

A0020809



DO NOT WRITE IN THIS SPACE

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

Principal Place of Business Mailing Address
S CALVERT ST **13600 INDUSTRIAL PARK BLVD.**
TIMORE MD 21202 **PLYMOUTH MN 55441-3743**
US

2. Principal Place of Business 3. Mailing Address
215 Central Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Louisville, KY ~~XXXX~~
 Zip Country Zip Country
40208 U.S.A.

4. FEI Number **41-0404230** Applied For
 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

7. Name and Address of New Registered Agent
 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 _____ (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 PCEO	<input checked="" type="checkbox"/> Delete	TITLE President and CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUNTER, JOSEPH B.		NAME Ho Nyuk Choy	
STREET ADDRESS 111 S. CALVERT ST STE 2800		STREET ADDRESS 215 Central Avenue	
CITY-ST-ZIP BALTIMORE MD 21202		CITY-ST-ZIP Louisville, KY 40208	
TITLE EV	<input type="checkbox"/> Delete	TITLE Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOEHR, GERALD L.		NAME Michael J. Christopher	
STREET ADDRESS 215 CENTRAL AVE		STREET ADDRESS 1730 Crows Next Lane	
CITY-ST-ZIP LOUISVILLE KY 40208		CITY-ST-ZIP York, PA 17403	
TITLE EV	<input type="checkbox"/> Delete	TITLE General Counsel & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTOPHER, MICHAEL J		NAME Dixie L. Randle	
STREET ADDRESS 111 S. CALVERT ST., STE #2800		STREET ADDRESS 215 Central Avenue	
CITY-ST-ZIP BALTIMORE MD 21202		CITY-ST-ZIP Louisville, KY 40208	
TITLE GCAS	<input type="checkbox"/> Delete	TITLE Vice President-Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RANDLE, DIXIE L		NAME Bruce D. Krueger	
STREET ADDRESS 13600 INDUSTRIAL PARK BLVD.		STREET ADDRESS 215 Central Avenue	
CITY-ST-ZIP PLYMOUTH MN 55441		CITY-ST-ZIP Louisville, KY 40208	
TITLE SCFO	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRISON, ANDREW R		NAME Ronald J. Pederson	
STREET ADDRESS 111 S CALVERT ST., STE 2800		STREET ADDRESS 215 Central Avenue	
CITY-ST-ZIP BALTIMORE MD 21202		CITY-ST-ZIP Louisville, KY 40208	
TITLE T	<input type="checkbox"/> Delete		
NAME PEDESON, RONALD J			
STREET ADDRESS 111 S. CALVERT ST., STE 2800			
CITY-ST-ZIP BALTIMORE MD 21202			

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: Dixie L. Randle 2/01/00 612/553-5179
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Dixie L. Randle, General Counsel and Secretary

CR2E034 (9/99)