


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90035 015 \*\*\*150.00

DOCUMENT # F0000003635					
1. Entity Name AIRCRAFT INCORPORATED					
Principal Place of Business 92 RIVER ROAD SUMMIT, NJ 07901		Mailing Address 92 RIVER ROAD SUMMIT, NJ 07901			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-1981132	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTCD	<input checked="" type="checkbox"/> Delete	TITLE	Pres / COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, GLENN W III		NAME	Thomas A. Crowley JR	
STREET ADDRESS	2 CROMWELL LANE		STREET ADDRESS	133 UNION STREET	
CITY-ST-ZIP	MENDHAM, NJ 07945		CITY-ST-ZIP	MONTELAIR, NJ 07042	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Treas. / Gen Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IULIANO, MELANIE		NAME	William H. Devitt	
STREET ADDRESS	25 EVERGREEN AVE.		STREET ADDRESS	100 Edgefield Drive	
CITY-ST-ZIP	NEW PROVIDENCE, NJ		CITY-ST-ZIP	Morris Plains, NJ 07924	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
-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: <u>Melanie Iuliano</u>		Date: <u>2/11/04</u>		Daytime Phone #: <u>908-273-6349</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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01232004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL