

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518050

1.) CORPORATION NAME:

AAR Manufacturing, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1704255**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 N WOOD DALE RD

CITY/ST/ZIP: WOOD DALE, IL 60191

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TIMOTHY J. ROMENESKO
TITLE: PRESIDENT
ADDRESS: AAR CORP
CITY/ST/ZIP/CO: ONE AAR PLACE 1100 N WOOD DALE ROAD
WOOD DALE, IL 60191

OFFICER

DIRECTOR

NAME: ROBERT J REGAN
TITLE: VP/S
ADDRESS: 1100 N WOOD DALE ROAD
CITY/ST/ZIP/CO: WOOD DALE, IL 60191

OFFICER

DIRECTOR

NAME: LEE KRANTZ
TITLE: VICE PRESIDENT
ADDRESS: 201 HAYNES STREET
CITY/ST/ZIP/CO: CADILLAC, MI 49601

OFFICER

DIRECTOR

NAME: ROBERT M. KUHN
TITLE: VICE PRESIDENT
ADDRESS: 500 GATEWAY DRIVE
CITY/ST/ZIP/CO: GOLDSBORO, NC 27534

OFFICER

DIRECTOR

NAME: RANDY J. MARTINEZ
TITLE: VICE PRESIDENT
ADDRESS: 1100 N. WOOD DALE ROAD
CITY/ST/ZIP/CO: WOOD DALE, IL 60191

OFFICER

DIRECTOR

NAME: TERRY D STINSON
TITLE: VICE PRESIDENT
ADDRESS: 1100 N WOOD DALE ROAD
CITY/ST/ZIP/CO: WOOD DALE, IL 60191

OFFICER

DIRECTOR

NAME: MICHAEL K. CARR TITLE: ASST TREASURER ADDRESS: 1100 N. WOOD DALE ROAD CITY/ST/ZIP/CO: WOOD DALE, IL 60191	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JENNIFER P. GRIFFIN TITLE: ASST SECRETARY ADDRESS: 1100 N. WOOD DALE ROAD CITY/ST/ZIP/CO: WOOD DALE, IL 60191	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DONALD J. VILIM TITLE: ASST SECRETARY ADDRESS: 1100 N. WOOD DALE ROAD CITY/ST/ZIP/CO: WOOD DALE, IL 60191	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID P. STORCH TITLE: DIRECTOR ADDRESS: AAR CORP CITY/ST/ZIP/CO: ONE AAR PLACE 1100 NORTH WOOD DALE ROAD WOOD DALE, IL 60191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT J REGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT J REGAN, VP/S PRINTED NAME AND CORPORATE TITLE	4/16/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		