



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 140805		2. Name of Corporation AE CORPORATE SERVICES CO			
3. Street Address Principal Business Office 150 THORN HILL DRIVE			City WARRENDALE	State PA	Zip 15086
4. Business Phone No. 724-779-5293		5. State of Incorporation DELAWARE		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island ADMINISTRATIVE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROGER MARKFIELD			Vice President Name DALE E. CLIFTON		
Street Address 150 THORN HILL DRIVE			Street Address 150 THORN HILL DRIVE		
City WARRENDALE	State PA	Zip 15086	City WARRENDALE	State PA	Zip 15086
Secretary Name NEIL BULMAN, JR.			Treasurer Name		
Street Address 150 THORN HILL DRIVE			Street Address		
City WARRENDALE	State PA	Zip 15086	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES V. O'DONNELL			Director Name		
Street Address 150 THORN HILL DRIVE			Street Address		
City WARRENDALE	State PA	Zip 15086	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	COMMON	\$.01	18,300	COMMON	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 4 0 8 0 5

File Date 2-4-05

Check No. 185674

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/26/05
Signature of Officer Date

GARY A. BASHUR
Print or Type Name of Officer

ASSISTANT SECRETARY
Title of Officer