

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856021 (1)

1. Corporation Name
DYNAIR CFE SERVICES, INC.



Principal Place of Business 4700 N. HOOVER DR. TAMPA FL 33614 US	Mailing Address 300 WEST SERVICE RD P.O. BOX 16300 WASHINGTON DC 20041-8300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 45025 AVIATION DR
22 City & State	27 SUITE 350
23 Zip	28 DULLES, VA
24 Country	29 20166
	30 US

3. Date Incorporated or Qualified 04/05/1983	
4. FEI Number 52-0848837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200 A. JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEASY, PATRICK G	1.2 NAME	
STREET ADDRESS	300 WEST SERVICE RD	1.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	DULLES, VA 20166
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOHN E.	2.2 NAME	
STREET ADDRESS	300 WEST SERVICE RD	2.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	DULLES, VA 20166
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, JOHN H	3.2 NAME	
STREET ADDRESS	300 WEST SERVICE RD	3.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	DULLES, VA 20166
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDWELL, SIR HUGH	4.2 NAME	
STREET ADDRESS	300 WEST SERVICE RD	4.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	DULLES, VA 20166
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, PAUL	5.2 NAME	D
STREET ADDRESS	300 WEST SERVICE RD	5.3 STREET ADDRESS	Stuart Siddall
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	45025 AVIATION DR, SUITE 350
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, FRED	6.2 NAME	
STREET ADDRESS	300 WEST SERVICE RD	6.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	DULLES, VA 20166

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)

DYNAIR CFE SERVICES, INC.
FILE # 856021

ATTACHMENT TO FLORIDA ANNUAL REPORT 1998

12A ADDITIONAL OFFICERS AND DIRECTORS

<u>Office/Title</u>	<u>Name and Address</u>
VP / D	Milagros M. Dedekind, 45025 Aviation Dr, Suite 350, Dulles, VA 20166
A S	Dawn Elliott Oakley, - 45025 Aviation Dr, Suite 350, Dulles, VA 20166
A T	Patrick W Donahoe, 45025 Aviation Dr, Suite 350, Dulles, VA 20166