2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856021

1. Entity Name

DYNAIR CFE SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90032 031 ***150.00

Principal Place of Business	Mailing Address
45025 AVIATION DR., SUITE 350 DULLES VA 20166 US	45025 AVIATION DR., SUITE 350 DULLES VA 20166-7514 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-0848837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD DEASY, PATRICK G 45025 AVIATION DR, STE 350 DULLES VA 20166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD BODENMANN, ERICH 45025 AVIATION DR, STE 350 DULLES, VA 20166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, JOHN E. 45025 AVIATION DR, STE 350 DULLES VA 20166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEDEKIND, MILAGROS M. 45025 AVIATION DR, STE 350 DULLES, VA 20166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAUNDERS, JOHN H 45025 AVIATION DR, STE 350 DULLES VA 20166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS OAKLEY, DAWN 45025 AVIATION DR, STE 350 DULLES, VA 20166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIDWELL, SIR HUGH 45025 AVIATION DR, STE 350 DULLES VA 20166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MILNER, LYNDY 45025 AVIATION DR, STE 350 DULLES, VA 20166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIDDALL, STUART 45025 AVIATION DR, STE 350 DULLES VA 20166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, FRED 45025 AVIATION DR, STE 350 DULLES VA 20166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lisa Dellosso ELECTRONICALLY SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #