## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # F03000004363** 05-03-2004 90440 016 \*\*\*150.00 1. Entity Name JEPPESEN DATAPLAN, INC. Principal Place of Business Mailing Address TANTAMAN 55 INVERNESS DRIVE EAST 55 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112 ENGLEWOOD, CO 80112 2. Principal Place of Business 3. Mailing Address Marsido P12 Suite, Apt. #, etc. 04272004 Chg-P CR2E034 (10/03) City & State Applied For 4. FEI Number 95-2883836 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Reg 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Delete Change VAN TINE, MARK NAME NAME STREET ADDRESS 55 INVERNESS DRIVE EAST STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, CO 80112 CITY-ST-ZIP Delete TITLE MARZULLO, RAY NAME NAME 55 INVERNESS DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, CO 80112 CITY-ST-ZIP Change TITLE : Delete fitt F ☐ Addition CARPENTER, GEOFFREY L NAME NAME STREET ADDRESS 100 NORTH RIVERSIDE STREET ADDRESS CHICAGO, IL 60606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 🗀 Change ☐ Addition CAVE, MICHAEL J NAME NAME STREET ADDRESS 100 NORTH RIVERSIDE STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-7IP TITLE Delete TITLE Addition FULLER, JEPSON S NAME NAME 55 INVERNESS DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, CO 80112 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JONES, CHRISTINE A NAME NAME STREET ADDRESS 55 INVERNESS DRIVE EAST STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, CO 80112 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 this stee 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 given like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED