

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000571

1. Corporation Name  
AIRSEP CORPORATION

Principal Place of Business  
290 CREEKSIDE DR.  
BUFFALO NY 14228-2070

Mailing Address  
290 CREEKSIDE DR.  
BUFFALO NY 14228-2070

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90080 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/07/1994

4. FEI Number  
16-1290939

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BOYD, BURDIS  
2880 SCHERER DRIVE  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name STEVE RADER  
82 Street Address (P.O. Box Number is Not Acceptable)  
2880 SCHERER DRIVE  
83 ST. PETERSBURG  
84 City FL 85 Zip Code 33716

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 *Steve Rader*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE CEO  
NAME BANSAL, RAVINDER K PHD  
STREET ADDRESS 290 CREEKSIDE DR.  
CITY-ST-ZIP BUFFALO NY

TITLE V  
NAME VRANA, EDWARD E  
STREET ADDRESS 290 CREEKSIDE DR.  
CITY-ST-ZIP BUFFALO NY 14228-2070

TITLE PCOO  
NAME PRIEST, JOSEPH L  
STREET ADDRESS 290 CREEKSIDE DR.  
CITY-ST-ZIP BUFFALO NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Ravi Bansal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 99  
Date Daytime Phone #

CR2E034 (11/98)