

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90099 002 ***150.00

DOCUMENT # F95000000123
 1. Entity Name
ALPHA AIRPORT SERVICES, INC.

Principal Place of Business 8500 PARKLINE BLVD. SUITE 100 ORLANDO, FL 32809	Mailing Address 45025 AVIATION DR SUITE 350 DULLES, VA 20166
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00095893

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

4. FEI Number 11-3280510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SAUNDERS, JOHN H. <input checked="" type="checkbox"/> Delete 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS OAKLEY, DAWN E <input checked="" type="checkbox"/> Delete 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEASY, PATRICK G <input checked="" type="checkbox"/> Delete 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP SIDDALL, STUART <input type="checkbox"/> Delete 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS KAPLAN, PAUL I <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WEVER, HILA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 45025 AVIATION DR. STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hila Wever* **4/21/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)