

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 MAY 30 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F9500000 2803**  
1. Corporation Name  
**Banner Aerospace Services, Inc.**

Principal Place of Business Mailing Address  
**Post Office Box 20260  
Washington DC 20041-2260  
US**

3. Date Incorporated or Qualified **2/15/90** 3a. Date of Last Report  
4. FEI Number **34-1616492** Applied For / Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **300 West Service Road** 26 **300 West Service Road**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **Chantilly, VA** 28 **Chantilly, VA**  
24 **20260** 25 Country 29 **20260** 30 Country

9. Name and Address of Current Registered Agent  
**CT Corporation System  
12005 Pine Island Road  
Plantation, FL 33334**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>Steiner, Jeffrey J</b>	
STREET ADDRESS	<b>300 West Service Road</b>	
CITY-ST-ZIP	<b>Chantilly, VA 20153</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>Persaich, Warren</b>	
STREET ADDRESS	<b>300 West Service Road</b>	
CITY-ST-ZIP	<b>Washington, DC 20041-2260</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>Jones, Eugene W.</b>	
STREET ADDRESS	<b>300 West Service Road</b>	
CITY-ST-ZIP	<b>Washington, DC 20041-2260</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>Loach, Bradley T.</b>	
STREET ADDRESS	<b>300 West Service Road</b>	
CITY-ST-ZIP	<b>Washington, DC 20041-2803</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>100002204371 ---4</b>
14 CITY-ST-ZIP	<b>-06/06/97--01085--001</b>
21 TITLE	<b>****495.00 ****165.00</b>
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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: **Bradley T. Loach**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/29/97** **703-478-5908**  
DATE TIME

CR2E034 (9/96)