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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F96000004536 (6)**

1. Corporation Name
FLIGHTSAFETY SERVICES CORPORATION

Principal Place of Business	Mailing Address
3333 S BANNOCK ST 100 ENGLEWOOD CO 80110 US	3333 S BANNOCK ST 100 ENGELWOOD CO 80110 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1996

4. FEI Number: 36-3244473 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITMAN, B N		1.2 NAME	
STREET ADDRESS	6659 SOUTH MARINA WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOTSCHWILLER, K W		2.2 NAME	
STREET ADDRESS	41 BEDFORD AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE CENTRE NY		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	UELTSCHI, A L		3.2 NAME	
STREET ADDRESS	7701 BRIARCREST COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ALLEN		4.2 NAME	
STREET ADDRESS	14903 E ASBURY AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA CO		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RIFFE, THOMAS		5.2 NAME	
STREET ADDRESS	8057 SOUTH BANNOCK DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CO		5.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, MARIO		6.2 NAME	
STREET ADDRESS	149-15 10TH AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITESTONE NY		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: K. W. MOTSCHWILLER VICE PRES.-TREASURER 3/3/98 718-565-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # CR1A02