

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90568 014 \*\*\*150.00

**DOCUMENT # F97000000713**

1. Entity Name  
**AIR TRANSAT A.T. INC.**

Principal Place of Business <b>11600 CARGO RD A-1          MONTREAL INTERNATIONAL AIRPORT          MIRABEL QB J7N- 1G9</b>	Mailing Address <b>11600 CARGO RD A-1          MONTREAL INTERNATIONAL AIRPORT          MIRABEL QB J7N- 1G9</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>ROY, CELINE</b> <b>140 S. FEDERAL HWY</b> <b>2ND FL</b> <b>DANIA FL 33804</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOB, DENIS 354 BOUL DE LA SALETSE BELLEFEUILLE QB JOR- 1A0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 Place Darney Lorraine, Quebec J6Z 4M8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUREAU, PHILIPPE 3200 AVE TRAFALGAR WESTMONTE, QUEBEC CA H3Y- 1H7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Executive Vice President Allen B. Graham 40 Hudson club Hudson, Quebec JOP 1P0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIN, DENIS 32, DE MANENON BLAINVILLE, QUEBEC CA J7B1M-6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President maintenance Clive Edwards 22050 Brodie Road Dalkeith, Ontario K0B 1E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUIMET, ALFRED 968 AVE DU LAC SAINT-SAUVEUR QUEBEC J0R 1R2 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President, Flight Operations Denis Gosselin 73, chemin des couleurs St-Sauveur, Quebec. J0R 1R2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KALBFLEISCH, KEVIN 455, FOUNTAIN STREET APT 5 CAMBRIDGE, ON M3H- 1J2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice president, marketing Sylvia Bourget 11 Cours du fleuve Verdun, Quebec H3E 1X1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, JEAN 344, DES HETRES VAL-MORIN QC J0T- 2R0 <input type="checkbox"/> Delete	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 a address, with all other like empowered.

SIGNATURE: Denis Jacob 07 February 2001 (450) 976-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)