

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 14 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000003608 (3)
 1. Corporation Name

AVIATION METHODS, INC.



Principal Place of Business: SAN FRANCISCO INTL AIRPORT, SAN FRANCISCO CA 94128
 Mailing Address: SAN FRANCISCO INTL AIRPORT, SAN FRANCISCO CA 94128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1997
 4. FEI Number: 94-2330722
 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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City; 85 Zip Code: FL

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: CD NAME: MCMULLIN, ROGER N STREET ADDRESS: 1555 OLD BAYSHORE HWY CITY-ST-ZIP: BURLINGAME CA 94010	<input type="checkbox"/> DELETE
TITLE: VSTD NAME: HEALY, PATRICK STREET ADDRESS: 1555 OLD BAYSHORE HWY CITY-ST-ZIP: BURLINGAME CA 94010	<input checked="" type="checkbox"/> DELETE
TITLE: PD NAME: HIGGINS, DUNCAN G STREET ADDRESS: 1555 OLD BAYSHORE HWY CITY-ST-ZIP: BURLINGAME CA 94010	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VICE PRESIDENT, Finance & Admin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID L. WEIL 1555 OLD BAYSHORE HWY. BURLINGAME, CA 94010
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002589758 -07/15/98--01058--021 ***150.00

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.

CR2E034 (5/98)

SIGNATURE: [Handwritten Signature] Date: [Handwritten Date]



AVIATION METHODS, INC.

San Francisco International Airport • San Francisco, CA 94128 • (650) 875-1700 • Facsimile: (650) 871-9092

July 10, 1998

Division of Corporation
Annual Reports Filing
P.O. Box 6327
Tallahassee, FL 32314

RE: DOCUMENT NO. F97000003608, FEIN. 94-2330722

Dear Sir or Madam:

In regards to our 1998 Corporation Annual Report, we would like to request that late fees be waived. This is the first packet we received for filing this report.

I had spoken to a Florida Dept. of State representative and she had advised me that the Annual Report was sent out in January 1998. However, the reason for our request is the person responsible for filing this report retired and left the company in late January 1998. We are, however, enclosing payment of \$150.00 for the annual fee.

For this reason, we would like to request that late fees of \$400.00 be waived. We're sorry for any inconvenience this may have caused you. Thank you for your consideration.

Sincerely,

Carmen Yap
Accountant

Enclosure