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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

99 MAY 17 AM 8:40

TALLAHASSEE, FLORIDA

DOCUMENT # F97000003608

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

4101/99 910075/028 \$150.00 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-2d) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified (07/11/1997), 4. FEI Number (94-2330722), 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation owes the current year Intangible Personal Property Tax.

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 (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.050 and 607.1506, 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 date if applicable) (NOTE: Registered Agent signature required when resigning) DATE

Table with 12 columns for Officers and Directors (12) and 13 columns for Additions/Changes to Officers and Directors in 12 (13). Includes fields for Title, Name, Street Address, City, State, Zip, and checkboxes for Delete, Change, and Addition.

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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. WEIL (650) 697-8000 3/25/99

CR2E034 (1/98)