

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90080 001 \*\*\*300.00

**DOCUMENT # F97000003608**

1. Entity Name

**AVIATION METHODS, INC. (TAG AVIATION USA, INC.)**

Principal Place of Business

Mailing Address

**SAN FRANCISCO INTL AIRPORT  
 SAN FRANCISCO CA 94128**

**SAN FRANCISCO INTL AIRPORT  
 SAN FRANCISCO CA 94128**

**12982**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2330722**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST  
 TALLAHASSEE FL 32301**

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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MCMULLIN, ROGER N</b> <b>1555 OLD BAYSHORE HWY</b> <b>BURLINGAME CA 94010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>WEIL, DAVID L</b> <b>1555 OLD BAYSHORE HWY.</b> <b>BURLINGAME CA 94010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>HIGGINS, DUNCAN G</b> <b>1555 OLD BAYSHORE HWY</b> <b>BURLINGAME CA 94010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTWRIGHT, J.W.P.</b> <b>1555 OLD BAYSHORE HWY</b> <b>BURLINGAME CA 94010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>111 ANZA BOULEVARD, SUITE 200</b> <b>BURLINGAME, CA 94010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>111 ANZA BOULEVARD, SUITE 200</b> <b>BURLINGAME, CA 94010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>111 ANZA BOULEVARD, SUITE 200</b> <b>BURLINGAME, CA 94010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>111 ANZA BOULEVARD, SUITE 200</b> <b>BURLINGAME, CA 94010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: DAVID L. WEIL DATE: 3/20/00 DAYTIME PHONE #: (650) 342-1717

CR2E034 (9/99)