

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2000 90080 001 ***300.00

DOCUMENT # F98000002684

1. Entity Name

AVIATION METHODS AIRCRAFT SALES, INC.

TAG AVIATION AIRCRAFT SALES, INC.

Principal Place of Business

Mailing Address

1555 OLD BAYSHORE HWY.
 BURLINGAME CA 94010

1555 OLD BAYSHORE HWY.
 BURLINGAME CA 94010-1617

2. Principal Place of Business

111 ANZA BOULEVARD

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

BURLINGAME, CA

City & State

4. FEI Number

94-3013130

Applied For

Not Applicable

Zip

94010

Country

U.S.A.

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 STREET
 TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Delete
 NAME **CCEO**
 STREET ADDRESS **MCMULLIN, ROGER N**
 CITY-ST-ZIP **1555 OLD BAYSHORE HWY. BURLINGAME CA 94010**

TITLE Change Addition
 NAME
 STREET ADDRESS **111 ANZA BOULEVARD, SUITE 200**
 CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE Delete
 NAME **D**
 STREET ADDRESS **HIGGINS, DUNCAN G**
 CITY-ST-ZIP **1555 OLD BAYSHORE HWY. BURLINGAME CA 94010**

TITLE Change Addition
 NAME
 STREET ADDRESS **111 ANZA BOULEVARD, SUITE 200**
 CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE Delete
 NAME **DP**
 STREET ADDRESS **STUMPF, HENRY M JR.**
 CITY-ST-ZIP **1555 OLD BAYSHORE HWY. BURLINGAME CA 94010**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CFO**
 STREET ADDRESS **WEIL, DAVID L**
 CITY-ST-ZIP **1855 OLD BAYSHORE HWY BULINGAME CA 94010**

TITLE Change Addition
 NAME
 STREET ADDRESS **111 ANZA BOULEVARD, SUITE 200**
 CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **MICHAEL MOORE**
 CITY-ST-ZIP **111 ANZA BOULEVARD, SUITE 200 BURLINGAME, CA 94010**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. WEIL

3/20/2000
 Date

(650) 342-1717
 Daytime Phone #

CR2E034 (9/99)