

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005003

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: ASCENT AVIATION GROUP, INC.

**Current Principal Place of Business:**

ONE MILL STREET  
PARISH, NY 13131

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MILL STREET  
PARISH, NY 13131

**New Mailing Address:**

FEI Number: 16-1353957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FULLER, HADWEN C II  
Address: 3059 WEST MAIN STREET  
City-St-Zip: PARISH, NY 13131

Title: EX V ( ) Delete  
Name: NEWMAN, DAVID E  
Address: 4858 CANDY LANE  
City-St-Zip: MANLIUS, NY 13104

Title: S ( ) Delete  
Name: BECK, DOROTHY L  
Address: 1 MILL STREET  
City-St-Zip: PARISH, NY 13131

Title: T ( ) Delete  
Name: COOMBS, CHRISTINE S  
Address: 186 HUNGARY LANE RD  
City-St-Zip: CENTRAL SQUARE, NY 13036

Title: V ( ) Delete  
Name: FULLER, DARREN B  
Address: 3059 MAIN STREET  
City-St-Zip: PARISH, NY 13131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE S COOMBS

CFO

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date