

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005003

FILED  
Jan 04, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FULLER, DARREN B  
Address: 40 MARVELLE ROAD  
City-St-Zip: FAYETTEVILLE, NY 13066

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

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

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

Title: CEO  
Name: FULLER, HADWEN C II  
Address: 3059 MAIN STREET  
City-St-Zip: PARISH, NY 13131

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE S COOMBS

CF0

01/04/2011

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

\_\_\_\_\_ Date