2000 UNIFORM BUSINESS REPORT (UBR)

0017497 SP

DOCUMENT # M97000000255

1. Entity Name

FLIGHTSAFETY BOEING TRAINING INTERNATIONAL L.L.C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:36

Principal Place of Business	Mailing Address
C/O FLIGHTSAFETY INTERNATIONAL MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371-1061	C/O FLIGHTSAFETY INTERNATIONAL MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3372029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR UELTSCHI, A L MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WHITMAN, B N MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mj 3/9/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WAUGH, J S MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003168375--3 -03/14/00--01032--003 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARY, SCOTT R N 8TH ST./PARK AVE. N, BLDG. 10-60, LOBBY KENTON WA 90855	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHICK, THOMAS N 8TH ST./PARK AVE. N, BLDG. 10-60, LOBBY KENTON WA 90855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CVETOVICH, BRAD N 8TH ST./PARK AVE. N, BLDG. 10-60, LOBBY KENTON WA 90855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ MANAGER 1/14/00 718-565-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #