2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M97000000255** 05-03-2004 90131 014 ***150.00 ALTÉON TRAINING L.L.C. Principal Place of Business Mailing Address C/O FLIGHTSAFETY INTERNATIONAL 100 N. RIVERSIDE PLAZA MC 5003-4027 MARINE AIR TERMINAL - LA GUARDIA AIRPORT CHICAGO, IL 60606 FLUSHING, NY 11371 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 11-3372029 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES President TITLE 1.AA NAME Delete TITLE Change ☐ Addition GAINES; PATRICK W NAME ESM-A STREET ADDRESS C/O FLIGHTSAFETY INTERNATIONAL STREET ADDRESS U. envueside 93 CI/Y-ST-ZIP FLUSHING, NY 11371 CITY-ST-ZIP TITLE iracket Delete TITLE ☐ Change ☐ Addition NAME GERARD, BRYAN E NAME JAMUS BU DO U. DIVERSIDE PIZ STREET ADDRESS C/O FLIGHTSAFETY INTERNATIONAL STREET ADDRESS CITY-ST-ZIP FLUSHING, NY 11371 CITY-ST-ZIP TITLE Delete Delete TITLE Change ☐ Addition MARZULLO, RAYMOND L NAME NAMÉ STREET ADDRESS MARINE AIR TERMINAL - LA GUARDIA AIRPORT STREET ADDRESS CITY-ST-ZIP FLUSHING, NY 11371 CITY-ST-ZIP Assistant Scoretan TITLE 💢 Delete TITLE ☐ Change Addition 1 GARY GUZEN SWINDLER, RICHARD \$ NAME NAME STREET ADDRESS C/O FLIGHTSAFETY INTERNATIONAL STREET ADDRESS 100 N. Ewerside Plaza CITY-ST-ZIP FLUSHING, NY 11371 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition COCKRUM, LYNN S NAME NAME STREET ADDRESS C/O FLIGHTSAFETY INTERNATIONAL STREET ADDRESS CITY-ST-ZIP FLUSHING NY 11371 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 9.07(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.

NAME

STREET ADDRESS

CITY-ST-ZIP

100 N. RIVERSIDE PLAZA

chicasa

JOHNSON, JAMES C

FLUSHING, NY 11371

C/O FLIGHTSAFETY INTERNATIONAL

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR