2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000255

1. Entity Name
ALTEON TRAINING L.L.C.

Principal Place of Business	Mailing Address
C/O FLIGHTSAFETY INTERNATIONAL MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING, NY 11371	100 N. RIVERSIDE PLAZA MC 5003-4027 CHICAGO, IL 60606

01252005No Chg-LLC CR2E083 (10/03)

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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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	ZRUST, JAMES
STREET ADDRESS	100 N. RIVERSIDE PLZ
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	BELL, JAMES
STREET ADDRESS	100 N. RIVERSIDE PLZ
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AS
NAME	GERKEN, GARY
STREET ADDRESS	100 N. RIVERSIDE PLZ
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	JOHNSON, JAMES C
STREET ADDRESS	100 N. RIVERSIDE PLZ
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #