

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90041 010 ***150.00

DOCUMENT # P29467

1. Entity Name

AMERICAN TRANS AIR TRAINING CORPORATION

Principal Place of Business

Mailing Address

7251 W MCCARTY ST
 INDIANAPOLIS IN 46241
 US

P O BOX 51609
 INDIANAPOLIS IN 46251-0609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1751152**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCOO HLAVACEK, JAMES W. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HLAVACEK, JAMES W.	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN KIRK, LORNA	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	VAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, KENNETH K	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKELSONS, J. GEORGE	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, BRIAN T.	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGUE, JOHN P.	NAME	
STREET ADDRESS	7337 WEST WASHINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46321	CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian T. Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian T. Hunt

4/20/00

Date

317/240-7006

Daytime Phone #

CR2E034 (9/99)