

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000004536 (6)**

**FLIGHTSAFETY SERVICES CORPORATION**



Principal Place of Business

10184 WEST BELLEVIEW AVENUE  
STE 300  
LITTLETON CO 80127

Mailing Address

10184 WEST BELLEVIEW AVENUE  
STE 300  
LITTLETON CO 80127-1763

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 3333 SOUTH BANNOCK STREET  
Suite, Apt. #, etc.

22 SUITE 100  
City & State

23 ENGLEWOOD, CO  
Zip

24 80110

Country

25 USA

2a. Mailing Address

26 3333 SOUTH BANNOCK STREET  
Suite, Apt. #, etc.

27 SUITE 100  
City & State

28 ENGLEWOOD, CO  
Zip

29 80110

Country

30 USA

4. FEI Number

36-3244473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature type or position of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WHITMAN, B N	
STREET ADDRESS	6659 SOUTH MARINA WAY	
CITY- ST- ZIP	STUART FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MOTSWILLER, K W	
STREET ADDRESS	41 BEDFORD AVENUE	
CITY- ST- ZIP	ROCKVILLE CENTRE NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	UELTSCHI, A L	
STREET ADDRESS	7701 BRIARCREST COURT	
CITY- ST- ZIP	IRVING TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, ALLEN	
STREET ADDRESS	14903 E ASBURY AVENUE	
CITY- ST- ZIP	AURORA CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIFFE, THOMAS	
STREET ADDRESS	8057 SOUTH BANNOCK DRIVE	
CITY- ST- ZIP	LARKSPUR CO	
TITLE	C	<input type="checkbox"/> DELETE
NAME	D'ANGELO, MARIO	
STREET ADDRESS	149-15 10TH AVENUE	
CITY- ST- ZIP	WHITESTONE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIO D'ANGELO

2/27/97

Date

(718)565-4144

Daytime Phone #

CR2E034 (9/96)