

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838891

(0)

1. Corporation Name

AIRBUS SERVICE COMPANY, INC.

Principal Place of Business

5600 NW. 36 ST  
2ND FLOOR  
MIAMI FL 33122  
US

Mailing Address

P.O. BOX 660037  
P O BOX 660037  
MIAMI FL 33266-0037  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1977

4. FEI Number

13-2902359

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, JONATHAN	
STREET ADDRESS	5600 NW 36ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIZER, CLYDE	
STREET ADDRESS	5600 NW 36ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, ALAN S.	
STREET ADDRESS	5600 NW 36ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	HEIN, ROBERT P.	
STREET ADDRESS	5600 NW 36ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CATTEEUW, BERNARD	
STREET ADDRESS	5600 NW 36TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUNCAN, I JAMES	
STREET ADDRESS	5600 NW 36TH ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Corporate Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Renee Martin-Nagle	
1.3 STREET ADDRESS	5600 NW 36ST	
1.4 CITY-ST-ZIP	Miami FL	

2.1 TITLE	VP Product Support	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thierry van der Heyden	
2.3 STREET ADDRESS	5600 NW 36ST	
2.4 CITY-ST-ZIP	Miami FL	

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dr. John K. Lauber	
6.3 STREET ADDRESS	5600 N.W. 36th Street	
6.4 CITY-ST-ZIP	Miami, FL 33122	

14. 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 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 Robert P. Hein VP Duncan, James (607) 834-3400

CR2E034 (10/97)