

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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # F96000004536 (6)**  
 1. Corporation Name  
**FLIGHTSAFETY SERVICES CORPORATION**



Principal Place of Business <b>3333 S BANNOCK ST                  100                  ENGLEWOOD CO 80110                  US</b>	Mailing Address <b>3333 S BANNOCK ST                  100                  ENGLEWOOD CO 80110                  US</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/04/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
---	---

4. FEI Number <b>36-3244473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 FL
86 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WHITMAN, B N	
STREET ADDRESS	6859 SOUTH MARINA WAY	
CITY-ST-ZIP	STUART FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MOTSCHWILLER, 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 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: *K. W. Motschwiller* **K. W. MOTSCHWILLER** **VICE PRES. - TREASURER** **3/3/98** **718-565-4140**

CP2E034 (1097)