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FILED  
Feb 08, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-08-1999 90066 004 \*\*\*150.00

DOCUMENT # F96000004536

1. Corporation Name

FLIGHTSAFETY SERVICES CORPORATION



Principal Place of Business

3333 S BANNOCK ST  
100  
ENGLEWOOD CO 80110  
US

Mailing Address

3333 S BANNOCK ST  
100  
ENGLEWOOD CO 80110  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1996

4. FEI Number

36-3244473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 - May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME WHITMAN, B N  
STREET ADDRESS 6659 SOUTH MARINA WAY  
CITY-ST-ZIP STUART FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE VT  
NAME MOTSCHWILLER, K W  
STREET ADDRESS 41 BEDFORD AVENUE  
CITY-ST-ZIP ROCKVILLE CENTRE NY

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE CD  
NAME UELTSCHI, A L  
STREET ADDRESS 7701 BRIARCREST COURT  
CITY-ST-ZIP IRVING TX

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE V  
NAME MILLER, ALLEN  
STREET ADDRESS 14903 E ASBURY AVENUE  
CITY-ST-ZIP AURORA CO

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE V  
NAME RIFFE, THOMAS  
STREET ADDRESS 8057 SOUTH BANNOCK DRIVE  
CITY-ST-ZIP LARKSPUR CO

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE C  
NAME D'ANGELO, MARIO  
STREET ADDRESS 149-15 10TH AVENUE  
CITY-ST-ZIP WHITESTONE NY

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE

Mario D'Angelo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

D'ANGELO-CONTROLLER 1/14/99

718-565-4144

Date

Daytime Phone #

CR2E034 (1/98)