

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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3333 S BANNOCK ST, 100, ENGLEWOOD CO 80110, US
Mailing Address: 3333 S BANNOCK ST, 100, ENGLEWOOD CO 80110, US

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

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

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

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

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, 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)