

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90347 011 ***150.00

DOCUMENT # 200011 1. Entity Name <div style="font-size: 1.2em; font-family: cursive;">Aero Systems Aviation Corp.</div>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">5415 NW 36th St.</div>		3. Mailing Address <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 837</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <div style="font-size: 1.2em; font-family: cursive;">Miami FL</div>		City & State <div style="font-size: 1.2em; font-family: cursive;">Auburn WA</div>	
Zip <div style="font-size: 1.2em; font-family: cursive;">33146-5899</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>	Zip <div style="font-size: 1.2em; font-family: cursive;">98071-0837</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">59-0772795</div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <div style="font-size: 1.2em; font-family: cursive;">Lewis, Richard C. Esq.</div>			
Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">799 Brickell Plaza</div>			
<div style="font-size: 1.2em; font-family: cursive;">Ste. 702 Brickell Centre</div>			
City <div style="font-size: 1.2em; font-family: cursive;">Miami</div>		FL	Zip Code <div style="font-size: 1.2em; font-family: cursive;">33131</div>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em; font-family: cursive;"> DEET DR Titus John P.O. Box 837 Auburn WA 98071-0837 </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em; font-family: cursive;"> Kendrick Kent H. 5415 NW 36th St. Miami FL 33146 </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em; font-family: cursive;"> DS Titus Kusumam P.O. Box 837 Auburn WA 98071-0837 </div>	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE:		<div style="font-size: 1.2em; font-family: cursive;">7/1/02</div>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<div style="font-size: 1.2em; font-family: cursive;">253-269-3035</div>	

CR2E034B (12/01)



Attachment
200011
119635

HOME OFFICES: 5415 N.W. 36th STREET, MIAMI, FLORIDA 33166-5899 USA
MAIL ADDRESS: P.O. BOX 52-2221, MIAMI, FLORIDA 33152-2221 USA
ARINC: MIAARXD / TELEX: 808125 / CABLE: AEROSYSTEM
PHONE: (305) 871-1300 / WATS: 800-327-0741 / FAX: (305) 885-5925

WORLDWIDE AVIATION EQUIPMENT SALES AND SERVICE SYSTEM

July 1, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Aero Systems Aviation Corp.
Document #200011 FEI #: 59-0772795

Enclosed please find Aero Systems Aviation Corp.'s Uniform Business Report for 2002. I did not receive the preprinted packet and therefore inadvertently overlooked the filing deadline of May 1, 2002. I respectfully request the late filing fee be waived. Please note the new mailing address for this corporation.

Please contact me with any additional information required.

Sincerely,

AERO SYSTEMS AVIATION CORP.

Melanie Thayer
Accounting Manager