## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # 813077** 1. Entity Name MAYTAG AIRCRAFT CORPORATION 03-29-2000 90078 033 \*\*\*150.00 Principal Place of Business Mailing Address 6145 LEHMAN DRIVE 6145 LEHMAN DRIVE SUITE 300 SUITE 300 COLORADO SPRINGS CO 80918 COLORADO SPRINGS CO 80918-3440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-0403257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VP/D ☐ Addition TITLE Delete SILVA, WILLIAM L. NAME NAME STREET ADDRESS STREET ADDRESS 6145 LEHMAN DRIVE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80918 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PLESHEK, KATHRYN A STREET ADDRESS STREET ADDRESS 6145 LEHMAN DRIVE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80918 - --- 🖃 Delete TITLE TITLE Change ☐ Addition NAME AJER, RANDOLPH E. NAME STREET ADDRESS STREET ADDRESS 5456 MCCONNELL AVENUE CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90066 TITLE PD ☐ Delete TITLE Director X Change ☐ Addition NAME KAHN, SEYMOUR NAME STREET ADDRESS STREET ADDRESS **5456 MCONNELL AVENUE** CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 ☐ Delete Change Addition TITLE President, Director NAME NAME Joseph Czyzyk STREET ADDRESS STREET ADDRESS 5456 McConnell Avenue CITY-ST-ZIP CITY-ST-7IP Los Angeles, CA 90066 ☐ Gelete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if

1/14/00 (719)593-1600SIGNATURE: Daytime Phone #