2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #813077** MAYTAG AIRCRAFT CORPORATION Principal Place of Business Mailing Address 6145 LEHMAN DRIVE 6145 LEHMAN DRIVE SUITE 300 SUITE 300 COLORADO SPRINGS CO 80918 COLORADO SPRINGS CO 80918 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SILVA, WILLIAM L.

PLESHEK, KATHRYN A

AJER-RANDOLPH E: 1

KAHN, SEYMOUR

CZYZYK, JOSEPH

5456 MCCONNELL AVENUE

LOS ANGELES CA 90066

5456 MCONNELL AVENUE

LOS ANGELES CA 90045

5456 MCCONNELL AVENUE

LOS ANGELES CA 90066

6145 LEHMAN DRIVE, SUITE 300

COLORADO SPRINGS CO 80918

6145 LEHMAN DRIVE, SUITE 300

COLORADO SPRINGS CO 80918

(See criteria on back)

VP/D

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550,00

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME²

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

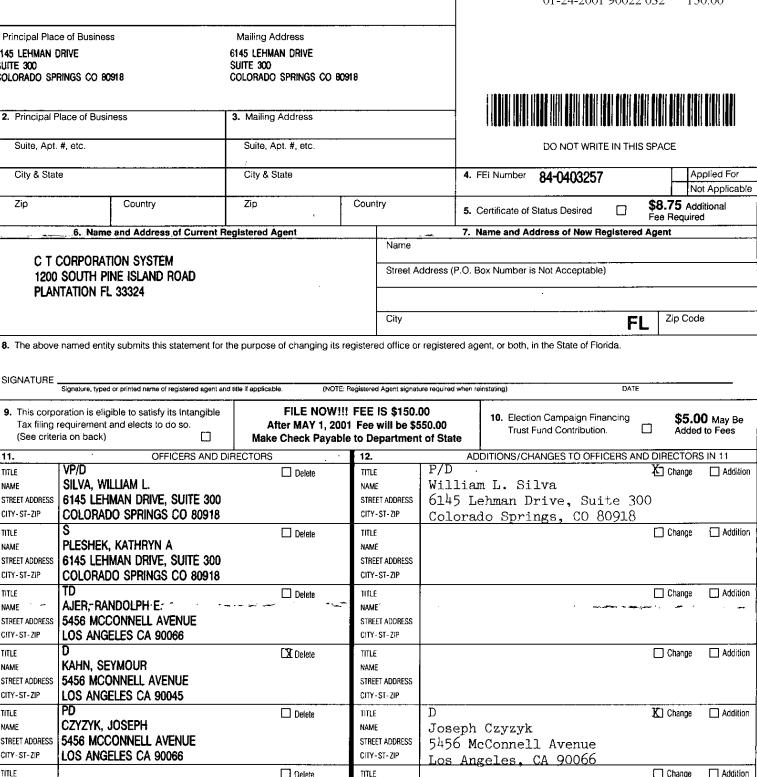
CITY-ST-ZIP

CITY-ST-7IP

P/D

FILED Jan 24, 2001 8:00 am Secretary of State

01-24-2001 90022 032 ***150.00



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 changed, or on an attachment with an address with all other like empowered. ent with an address, with all other like empowered.

SIGNATURE: Kathryn A

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

C!TY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

Secretary athryn Appleshek, Secretary
signature and typed or printed name of signing officer or director

(719)593-1600