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FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 835555 (4)

1. Corporation Name  
MAINTENANCE AIRCRAFT COMPANY, INC.

Principal Place of Business

6250 LBJ FREEWAY  
P. O. BOX 660248  
DALLAS TX 75266-7248

Mailing Address

6250 LBJ FREEWAY  
P. O. BOX 660248  
DALLAS TX 75266-0248



|   |  |                        |  |  |  |                                       |  |
|---|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>12/08/1975                                    |  | 3a. Date of Last Report<br>02/06/1996 |  |
| 21 501 S. Jupiter Rd.                           |  | 26                     |  | 4. FEI Number<br>75-1425564  |  | Applied For<br>Not Applicable         |  |
| 22 Suite, Apt. #, etc.<br>Garland, Texas        |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional<br>Fee Required     |  |
| 23 City & State                                 |  | 28 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees        |  |
| 24 Zip<br>75042                                 |  | 25 Country<br>Dallas   |  | 29 Zip   |  | 30 Country                            |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent                                       |  |                                       |  |

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | CD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LAWSON, A.L.         | 1.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS TX            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | P                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CULLEN, BRAIN        | 2.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS TX 75240      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VPGC                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EBERHARDT, MICHAEL C | 3.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS TX 75240      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DS                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EBERHARDT, MICHAEL   | 4.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS TX 75240      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LAWSON, LOWELL       | 5.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS TX 75240      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POPE, JAMES W.       | 6.2 NAME  |   |
| STREET ADDRESS             | 6250 LBJ FREEWAY     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DALLAS, TX 00000     | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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.

SIGNATURE: *Michael C. Eberhardt* Michael C. Eberhardt 1/9/1997 (972) 205-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)