

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

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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **835555** (4)

1. Corporation Name
MAINTENANCE AIRCRAFT COMPANY, INC.

Principal Place of Business 501 S. JUPITER RD. GARLAND TX 75042 US	Mailing Address 6250 LBJ FREEWAY P. O. BOX 660248 DALLAS TX 75266-7248
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1975	
4. FEI Number 75-1425564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 501 S. Jupiter Rd.
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. City & State Garland, Texas
24. Country	29. Zip 75042
25. Country	30. Country USA

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	LAWSON, A.L.
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS TX
TITLE	P <input type="checkbox"/> DELETE
NAME	CULLEN, BRAIN
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS TX 75240
TITLE	VP GC <input type="checkbox"/> DELETE
NAME	EBERHARDT, MICHAEL C
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS TX 75240
TITLE	DS <input type="checkbox"/> DELETE
NAME	EBERHARDT, MICHAEL
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS TX 75240
TITLE	D <input type="checkbox"/> DELETE
NAME	LAWSON, LOWELL
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS TX 75240
TITLE	VD <input type="checkbox"/> DELETE
NAME	POPE, JAMES W.
STREET ADDRESS	6250 LBJ FREEWAY
CITY-ST-ZIP	DALLAS, TX 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E. Dryden
1.3 STREET ADDRESS	501 S. Jupiter Rd.
1.4 CITY-ST-ZIP	Garland, Texas 75042
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: *Robert E. Dryden* Robert E. Dryden, Asst. Sec. 1/26/98 972-205-4100

CR2E034 (10/97)