

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90010 024 ***150.00

DOCUMENT # 838891

1. Entity Name

AIRBUS SERVICE COMPANY, INC.

Principal Place of Business

Mailing Address

4355 NW 36 STREET
 MIAMI SPRINGS FL 33166
 US

4355 NW 36 STREET
 MIAMI SPRINGS FL 33166-7302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2902359

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, JONATHAN	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIZER, CLYDE	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, IAN	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIN, ROBERT P.	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTEUW, BERNARD	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN-NAGLE, RENEE	NAME	
STREET ADDRESS	4355 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert P. Hein, Vice President

Date

4/13/00

Daytime Phone #

703 834-3400

CR2E034 (9/99)