


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90008 010 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # 838891 1. Entity Name AIRBUS SERVICE COMPANY, INC. | | | |  | |
| Principal Place of Business 4355 NW 36 STREET MIAMI SPRINGS, FL 33166 US | | | Mailing Address 4355 NW 36 STREET MIAMI SPRINGS, FL 33166 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 13-2902359 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCARTON, T. ALLAN | NAME | | | |
| STREET ADDRESS | 198 VAN BUREN, STE. 300 | STREET ADDRESS | | | |
| CITY-ST-ZIP | HERNDON, VA 20170 | CITY-ST-ZIP | | | |
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | KIZER, CLYDE | NAME | PD Robin Wohnsigl | | |
| STREET ADDRESS | 4355 NW 36 ST | STREET ADDRESS | 198 Van Buren St., Suite 300 | | |
| CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 | CITY-ST-ZIP | Herndon, VA 20170 | | |
| TITLE | CEO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | COURPRON, HENRI | NAME | | | |
| STREET ADDRESS | 198 VAN BUREN, STE. 300 | STREET ADDRESS | | | |
| CITY-ST-ZIP | HERNDON, VA 20170 | 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 | GAVIN, PATRICK | 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 | | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>R. Martin-Nagle</i> R. Martin-Nagle Corporate Secretary 9/7/04 (703) 834-3545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | | | |