## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #840752** May 02, 2000 8:00 am Secretary of State CHAUTAUQUA AIRLINES, INC. 05-02-2000 90004 031 \*\*\*150.00 Principal Place of Business Mailing Address C/O WEXFORD MANAGEMENT WEXFORD MANAGEMENT 441 W. PUTNAM AVENUE W. PUTNAM AVENUE GREENWICH CT 06830-6246 --- -- CT 06830 2. Principal Place of Business 2500 S. High School ROAD 3. Mailing Address 2500 S. HIGH School Koau Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sume 160 SuITE 160 Applied For City & State 4. FEI Number Citv\_& State APPLIED FOR INDIANAPOLIS INDIAMAPOLIS Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE DAVIDSON, CHARLES NAME NAME STREET ADDRESS 411 W. PUTNAM AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** ☐ Change ☐ Addition ☐ Delete TITLE JACOBS: JOSEPH NAME NAME STREET ADDRESS 411 W. PUTNAM AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** VSTD Change ☐ Addition ☐ Delete TITLE TITLE MAYMUDES, JAY NAME NAME 411 W. PUTNAM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830 VPAS** ☐ Addition ☐ Delete TITLE TITLE AMRON, ARTHUR NAME NAME 411 W. PUTNAM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 PRESIDENT - CED Change **PCEO** ☐ Addition ☐ Delete TITLE BRYAN K BEDFORD Wegal, Edward NAME 2500 S. HIGH SCHOOL ROAD STREET ADDRESS STREET ADDRESS 411 W. PUTNAM AVENUE CITY-ST-7IP $\mathcal{I}_{\mathcal{N}}$ CITY-ST-ZIP **GREENWICH CT 06830** INDIANAPOLIS ☐ Change P - Asst. Secretary Addition ☐ Delete TITLE TITLE ROBERT HAL COOPER 2500 S. HIBH SCHOOL ROAD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, I'V 40241 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: ROSENTED COOPER 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/10 Daytime Phone #