

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90025 015 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 844935**

Corporation Name  
**AIG AVIATION, INC.**



Principal Place of Business  
 PEACHTREE STREET NE  
 SUITE 1000  
 ATLANTA GA 30361

Mailing Address  
 1175 PEACHTREE STREET NE  
 SUITE 1000  
 ATLANTA GA 30361

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/02/1980**

4. FEI Number  
**58-1354492**

5. Certificate of Status Desired  Applied For  Not Applicable  **\$8.75** Additional "Fee Required"

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 25 29 30

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JOHN A	1.2 NAME	
STREET ADDRESS	1175 PEACHTREE ST. NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA. 30361	1.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLENKE, B. MICHAEL	2.2 NAME	
STREET ADDRESS	1175 PEACHTREE ST. NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALESKI, VALERIE N	3.2 NAME	
STREET ADDRESS	1175 PEACHTREE ST. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	TSV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKEY, STEVE G.	4.2 NAME	
STREET ADDRESS	1175 PEACHTREE ST. NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOULMIN, GRAYDON R.	5.2 NAME	
STREET ADDRESS	1175 PEACHTREE ST. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)