

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90058 001 \*\*\*900.00

**DOCUMENT # F00000003584**

1. Entity Name

**AERFI POL INC.**

Principal Place of Business

Mailing Address

C/O ERGOFI INC., D/B/A INDIGO AIRLEASE  
 100 NE THIRD AVENUE, SUITE 800  
 FT. LAUDERDALE FL 33301

C/O ERGOFI INC., D/B/A INDIGO AIRLEASE  
 100 NE THIRD AVENUE, SUITE 800  
 FT. LAUDERDALE FL 33301

**65829**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**debis AirFinance USA, Inc**

**c/o debis AirFinance USA, Inc**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**100 NE 3rd Ave, Ste 800**

**100 NE 3rd Ave, Ste 800**

City & State

City & State

**Ft. Lauderdale, FL**

**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**USA**

Zip  
**33301**

Country  
**USA**

4. FEI Number **58-2528261**

Applied For

Not Applicable

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

**CARYL BEN BASAT**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

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, 2001 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

TITLE **D** ☒ Delete  
 NAME **DALTON, PATRICK**  
 STREET ADDRESS **SHANNON, COUNTY CLARE**  
 CITY-ST-ZIP **IRELAND**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Frederick Bradley**  
 STREET ADDRESS **764 Norgate**  
 CITY-ST-ZIP **Westfield, NJ 07090**

TITLE **DP** ☒ Delete  
 NAME **RUDOLPH, STEPHANIE**  
 STREET ADDRESS **100 NE THIRD AVENUE, SUITE 800**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DT** ☐ Change ☒ Addition  
 NAME **Kenneth Peters**  
 STREET ADDRESS **12617 Gravelly Lake Dr**  
 CITY-ST-ZIP **Tacoma, WA 98499**

TITLE **DS** ☒ Delete  
 NAME **MACK, CAREN**  
 STREET ADDRESS **100 NE THIRD AVENUE, SUITE 800**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Laura B. Showalter**  
 STREET ADDRESS **100 NE 3rd Avenue, Suite 800**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Laura B. Showalter*

**LAURA B. SHOWALTER**

Date

Daytime Phone #

**1/4/01 954-760-7777**

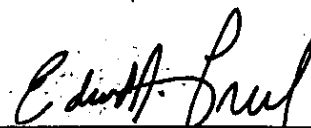
CR2E034 (10/00)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AERFI POL INC.", CHANGING ITS NAME FROM "AERFI POL INC." TO "AERCO POL INC.", FILED IN THIS OFFICE ON THE THIRD DAY OF AUGUST, A.D. 2000, AT 1:30 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



  
Edward J. Freel, Secretary of State

3181616 8100

001392986

AUTHENTICATION:

0600758

DATE:

08-04-00