

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90241 001 \*\*\*750.00

**DOCUMENT # F00000003584**

**1. Entity Name**  
**AERFI POL INC.**

**Principal Place of Business**  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

**Mailing Address**  
**C/O DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 58-2528261**

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**

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

Name  
**Laura B. Showalter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 NE Third Ave., Suite 800**  
 City  
**Ft. Lauderdale FL 33301**

**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**

*Laura B. Showalter*  
 Signature, typed or printed name of registered agent and title if applicable.

**LAURA B. SHOWALTER**

(NOTE: Registered Agent signature required when reinstating)

**1/16/2002**  
 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, 2002 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** **DP** ☒ Delete  
**NAME** **BRADLEY, FREDERICK**  
**STREET ADDRESS** **764 NORGATE**  
**CITY-ST-ZIP** **WESTFIELD NJ 07090**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Robinson, Adrian**  
**STREET ADDRESS** **Dean Street**  
**CITY-ST-ZIP** **East Farleigh, Kent ME15 0HS, UK**

**TITLE** **DT** ☐ Delete  
**NAME** **PETERS, KENNETH**  
**STREET ADDRESS** **12617 GRAVELLY LAKE DR**  
**CITY-ST-ZIP** **TACOMA WA 98499**

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

**TITLE** **DS** ☐ Delete  
**NAME** **SHOWALTER, LAURA B**  
**STREET ADDRESS** **100 NE 3RD AVENUE SUITE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 empowerment.**

**SIGNATURE:**

*Laura B. Showalter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/2002** **954-760-7777**  
 Date Daytime Phone #

CR2E034 (9/01)

*Attachment*  
State of Delaware

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Office of the Secretary of State

*# F0000000.3584*

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*

Edward J. Freel, Secretary of State

3181616 8100

001392986

AUTHENTICATION:

0600758

DATE:

08-04-00

*Attachment*

CERTIFICATE OF AMENDMENT OF # F0000000 3584  
CERTIFICATION OF INCORPORATION OF  
AERFI POL INC.

AerFi POL Inc. (the "Corporation"), a corporation organized and existing under the General Corporation Law of the State of Delaware (the "DGCL"), does hereby certify that:

The amendment to the Certificate of Incorporation of the Corporation set forth below has been duly adopted in accordance with the provisions of Section 242 of the DGCL:

The Certificate of Incorporation of the Corporation is hereby amended by striking Article I thereof in its entirety and inserting in lieu thereof as a new Article I the text set forth on Exhibit A attached hereto and incorporated herein by this reference.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be duly executed and acknowledged in accordance with Section 103 of the DGCL.

AERFI POL INC.

By: /s/ Laura Showalter  
Laura Showalter  
Secretary

Attachment

EXHIBIT A

I.

# F0000000 3584

The name of this Corporation shall be: AerCo POL Inc.