

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90183 001 \*1,050.00

**DOCUMENT # F00000004257**

**1. Entity Name**  
**PRESTON AVIATION SOLUTIONS PTY LTD INC.**



**Principal Place of Business**  
**100 N RIVERSIDE**  
**MC 5003-4551**  
**CHICAGO IL 60606**  
**US**

**Mailing Address**  
**100 N RIVERSIDE**  
**MC 5003-4551**  
**CHICAGO IL 60606**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **NOT APPLICABLE**

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**

**CORPORATION-SERVICE-COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ Delete  
**NAME** **GUMLEY, STEPHEN DR.**  
**STREET ADDRESS** **488 VICTORIA STREET**  
**CITY-ST-ZIP** **RICHMOND, 3121 AUSTRALIA**

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

**TITLE** **DCEO** ☐ Delete  
**NAME** **GARGETT, PAUL D**  
**STREET ADDRESS** **488 VICTORIA STREET**  
**CITY-ST-ZIP** **RICHMOND, 3121 AUSTRALIA**

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

**TITLE** **D** ☒ Delete  
**NAME** **EKSTRAND, CHESTER L**  
**STREET ADDRESS** **26800 137TH AVE., S.E.**  
**CITY-ST-ZIP** **KENT WA 98042**

**TITLE** **Alexander Klein** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **100 N. Riverside Plz**  
**CITY-ST-ZIP** **Chicago IL 60606**

**TITLE** **D** ☒ Delete  
**NAME** **ALBRECHT, JOHN J**  
**STREET ADDRESS** **3 TULALIP KEY**  
**CITY-ST-ZIP** **BELLEVUE WA 98006**

**TITLE** **John Local Director** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **100 N. Riverside Plz**  
**CITY-ST-ZIP** **Chicago IL 60606**

**TITLE** **CD** ☒ Delete  
**NAME** **ZRUST, JAMES H**  
**STREET ADDRESS** **7755 MARGINAL WAY SOUTH, M/C 10-27**  
**CITY-ST-ZIP** **SEATTLE WA 98108**

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

**TITLE** **ST** ☐ Delete  
**NAME** **HARNETT, STEPHEN**  
**STREET ADDRESS** **488 VICTORIA ST**  
**CITY-ST-ZIP** **RICHMOND 3121 AUSTRALIA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 1 23 2003 37-514-2537**  
Date Daytime Phone #

CR2E034 (10/02)