

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005908

FILED  
Aug 12, 2002  
Secretary of State

**Entity Name:** PIEDMONT AVIATION SERVICES, INC.

**Current Principal Place of Business:**

3821 NORTH LIBERTY STREET  
WINSTON-SALEM, NC 27105

**New Principal Place of Business:**

**Current Mailing Address:**

3821 NORTH LIBERTY STREET  
WINSTON-SALEM, NC 27105

**New Mailing Address:**

**FEI Number:** 56-0891470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PCD ( ) Delete  
**Name:** HARTON, T. DEAN  
**Address:** 3821 NORTH LIBERTY STREET  
**City-St-Zip:** WINSTON-SALEM, NC 27105

**Title:** VD ( ) Delete  
**Name:** RICHARDSON, F. DARRELL  
**Address:** 3821 NORTH LIBERTY STREET  
**City-St-Zip:** WINSTON-SALEM, NC 27105

**Title:** STD ( ) Delete  
**Name:** URBANIA, M. MARK  
**Address:** 3821 NORTH LIBERTY STREET  
**City-St-Zip:** WINSTON-SALEM, NC 27105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M MARK URBANIA

STD

08/12/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date