2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# F03000004336

Entity Name: AERIAL SERVICES, INC.

Current Principal Place of Business:

2120 CENTER STREET, P.O. BOX 336
CEDAR FALLS, IA 50613

New Principal Place of Business:

Current Mailing Address:

2120 CENTER STREET, P.O. BOX 336
CEDAR FALLS, IA 50613

New Mailing Address:

FEI Number: 42-0939530 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: TULLY, MICHAEL P
Address: 487 PROGRESS AVE.
City-St-Zip: WATERLOO, IA 50701

Title: VCT ( ) Delete
Name: FISHER, KIRK P
Address: 33028 310TH STREET
City-St-Zip: NEW HARTFORD, IA 506608617

Title: DS ( ) Delete
Name: ERTZ, WALTER E
Address: 2601 VICTORY DRIVE
City-St-Zip: CEDAR FALLS, IA 50613

Title: D ( ) Delete
Name: BROWN, GARY C
Address: 4024 BRIARWOOD DRIVE
City-St-Zip: CEDAR FALLS, IA 50613

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:

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: KIRK P. FISHER VCT 01/24/2005

Electronic Signature of Signing Officer or Director — Date