1082

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004056

1. Entity Name
STARR AVIATION AGENCY, INC.

FILED
07 MAY -3 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1170 PEACHTREE STREET NE~~ ~~SUITE 1200~~ ~~ATLANTA, GA 33909~~ 3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326	~~1170 PEACHTREE STREET NE~~ ~~SUITE 1200~~ ~~ATLANTA, GA 33909~~ 3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326

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04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-1947675
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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: ARoath — Amanda Roath, As its agent — 05-03-2007
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	BLAKEY, STEVE	3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS	90 ~~PARK AVENUE 7TH FLOOR~~	
CITY-ST-ZIP	~~NEW YORK, NY~~ 10016	
TITLE	V	
NAME	LUIKERT, JOHN A EXECUTI	3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS	~~1170 PEACHTREE STREET NE SUITE~~ 1200	
CITY-ST-ZIP	~~ATLANTA, GA~~ 33909	
TITLE	V	
NAME	SPARKS, KYLE SENIOR	3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS	~~1170 PEACHTREE STREET NE~~ SUITE 1200	
CITY-ST-ZIP	~~ATLANTA, GA~~ 33909	
TITLE	SV	
NAME	MCDONNELL, DANIEL P	Secretary Lesniak, Valerie 3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS	90 ~~PARK~~ AVENUE 7TH FLOOR	
CITY-ST-ZIP	~~NEW YORK~~, NY 10016	
TITLE	Comptroller	
NAME	Toran,Michael	3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	
NAME	FAIIA, ANTHONY R EXECUTI	3353 Peachtree Rd., NE, Suite 1000 Atlanta, GA 30326
STREET ADDRESS	~~1170 PEACHTREE STREET NE SUITE~~ 1200	
CITY-ST-ZIP	~~ATLANTA, GA~~ 33909	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: Michael Toran, Comptroller 5/6/07 404-926-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 878411 4312639

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : May 2, 2007

ORDER TIME : 10:17 AM

ORDER NO. : 878411-025

CUSTOMER NO: 4312639

ANNUAL REPORT FILING

NAME: STARR AVIATION AGENCY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext. 2955

EXAMINER'S INITIALS: _____

RECEIVED
07 MAY -3 AM 10:50
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA