2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000004926 Feb 28, 2000 8:00 am **Secretary of State** EAGLE USA AIR FREIGHT INC. 02-28-2000 90022 041 ***150.00 Mailing Address Principal Place of Business P.O. BOX 60467 15350 VICKERY DR HOUSTON TX 77032 HOUSTON TX 77205-0467 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 76-0094895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Secretary Armogida Carolyn Chem Dr. PC Addition Addition ☐ Delete TITLE TITLE NAME NAME CRANE, JAMES R STREET ADDRESS 15350 VICKERY DR STREET ADDRESS HOUSTON, Tx かつるコ CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77032 John C. McVanen Addition TITLE Change ☐ Delete TITLE SECKEL, DOUGLAS NAME NAME 350 Vickery Dr. STREET ADDRESS STREET ADDRESS 15350 VICKERY DR HOUSTON, TX 77032 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77032** Change Addition TITLE Delete TITLE Elijio Serrano NAME NAME KELLEY, NEIL E 15350 Vickery Dr. Houston, Tx 77032 STREET ADDRESS STREET ADDRESS 601 TRAVIS STE 7450 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Rebecca McDonald ☐ Change Addition Delete TITLE TITLE O'CONNELL, WILLIAM P NAME NAME 333 Clay Street, Suite 2100 Houston, Tx 77002-7361 STREET ADDRESS STREET ADDRESS PO BOX 3347 N/A Houston; CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX Addition** Delete TITLE Change TITLE Doughs Scakel HEURDIJS, FRANK NAME 15350 Vickery Dr. STREET ADDRESS STREET ADDRESS 8 GREENWAY PLAZA STE 702 Houston, The 77032 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Li Addition ☐ Delete TITLE Change Greenumy Plaza, Ste. 702 KNIGHT-RICHARDSON, NORWOOD NAME STREET ADDRESS STREET ADDRESS 3924 S CARMAN DR HOUSTON, TX 77046 CITY-ST-ZIP LAKE OSWEGO OR 97035

13. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

SIGNATURE AND TIMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

281-618-3100

Daytime Phone