

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000005513

1. Entity Name
AIRCORP II, INC.

FILED

02 SEP 13 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**20801 BISCAYNE BLVD.
SUITE #403
MIAMI FL 33180**

3. Mailing Address
**401 N TRYON ST
Suite, Apt. #, etc.
NC1-021-02-20**

City & State
CHARLOTTE

Zip
28255

Country
Mecklenburg

REINSTATEMENT 01-02

4. FEI Number
75-2454102

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD

City
PLANTATION FL Zip Code
33324

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 Dale W. Morris **DALE W. MORRIS** ASSISTANT VICE PRESIDENT **9-11-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

200008018682--E

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR / PRES ANTHONY M. HAGEN 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DUANE L. SMITH 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DANIEL CHAIR 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARK W. ANDERSSON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA / CFO ROBERT A. KEYES, JR. 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Duane L. Smith **Duane L. Smith, SVP** **9/10/2002** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)

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