2004 FOR PROFIT CORPORATION

Mar 09, 2004 8:00 am **ANNUAL REPORT (AR) DOCUMENT # F94000000760 Secretary of State** 1. Entity Name 03-09-2004 90024 008 ***150.00 AIR TRANSPORTATION HOLDING COMPANY, INC. Mailing Address Principal Place of Business 3524 AIRPORT RD LITTLE MOUNTAIN AIRPORT MAIDEN NC 28650 P O BOX 488 LITTLE MOUNTAIN AIRPORT DENVER NC 28037 t Burgaran 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 52-1206400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change **☑** Addition CEO NAME ABERNATHY, CLAUDE S NAME Walter Cark, S. COLLEGE AVE. STREET ADDRESS STREET ADDRESS PO BOX 488 CITY-ST-ZIP NEWTON NC 28658 CITY-ST-ZIP 28037 Denver 1 TITLE ☐ Delete TITLE Change ☐ Addition PRILL, GEORGE C NAME NAME STREET ADDRESS 20 ADLER CIR. STREET ADDRESS CITY-ST-ZIP **GALVESTON TX 77551** CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME CHESTNUTT, SAM NAME: STREET ADDRESS 10548 CROTON RD STREET ADDRESS CITY-ST-ZIP JOHNSTON OH CITY-ST-7IP DV ☐ Delete TITLE ☐ Change ☐ Addition GIOFFRE, JOHN J NAME NAME P.O. BOX 488 N/A STREET ADDRESS STREET ADDRESS DENVER NO CITY-ST-ZIP CITY-ST-ZIP DV Delete TITLE TITLE ☐ Change Addition BINGHAM, J. HUGH NAME NAME P.O. BOX 488 N/A STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

COY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DENVER NO

DENVER NO

SIMPSON, WILLIAM H

P.O. BOX 488 N/A

DV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Change

☐ Addition