## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9400001388 May 16, 2000 8:00 am 1. Entity Name Secretary of State SPIRIT AIRLINES, INC. 05-16-2000 90176 034 \*\*\*150.00 Principal Place of Business Mailing Address 18121 E. EIGHT MILE RD. 18121 E. EIGHT MILE RD. SUITE 100 SHITE 100 EASTPOINTE MI 48021-3241 EASTPOINTE MI 48021 2. Principal Place of Business 3. Mailing Address ROO EXECUTIVE WAY 2800 EXECUTIVE WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State FEI Number 38-1747023 MIRAMAR MIRAMAR Not Applicable Country Zip Zip \$8.75 Additional Country Certificate of Status Desired 3<u>302</u> Fee Required 33025 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent --Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code 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. DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SENIOR UP FINANCE **VPCF** TITLE Change : TITLE ☐ Delete JOHN SEVERSON SEVERSON, JOHN R NAME NAME 2800 EXECUTIVE WAY 18121 E EIGHT MILE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EASTPOINTE MI 48021 FL 33025 EXECUTIVE VP, DIRECTOR Change **EVP** ☐ Addition ☐ Delete TITLE TITLE MARK S. KAHAN MARK S. KAHAN NAME NAME 2800 EXECUTIVE WAY STREET ADDRESS 18121 E. EIGHT MILE ROAD, SUITE 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EASTPOINTE MI MRAMAR FI PRESIDENT Change ✓ Addition Delete TITLE FOWARD W. HOMFELD NAME STREET ADDRESS STREET ADDRESS 2860 EXECUTIVE WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 EXECUTIVE VP, DIRECTOR Change **Addition** ☐ Delete TITLE TITLE JACOB M. SCHORR NAME STREET ADDRESS STREET ADDRESS 2800 EXECUTIVE WAY CITY-ST-ZIF CITY-ST-ZIP MIRAMAR FL ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this pling 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 reports 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 of tasket 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 attach the runth and dress, with all other like empowered.

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SEVERSON 4-25-00

Change

☐ Addition