

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006013 (6)

1. Corporation Name
LEARJET INC.



Principal Place of Business

ONE LEARJET WAY
WICHITA KS 67277-7707

Mailing Address

ONE LEARJET WAY
WICHITA KS 67277-7707

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
11/22/1994

3a. Date of Last Report
05/16/1995

4. FEI Number
13-3567473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, etc.)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BEAUDOIN, LAURENT
STREET ADDRESS 21 ABERDEEN, WESTMOUNT
CITY-ST-ZIP QUEBEC H37 3A5 ☐ DELETE

TITLE PCEO
NAME BARENTS, BRIAN E
STREET ADDRESS 13029 PINEHURSE
CITY-ST-ZIP WICHITA KS 67037 ☒ DELETE

TITLE VS
NAME EDWARDS, DAVID R
STREET ADDRESS 1101 JAMES STREET
CITY-ST-ZIP DERBY KS 67037 ☐ DELETE

TITLE VT
NAME STEWART, JAMES V
STREET ADDRESS 11405 PONDEROSA
CITY-ST-ZIP WICHITA KS ☐ DELETE

TITLE D
NAME BROWN, ROBERT E
STREET ADDRESS 531 ELIZABETH ROAD, BEACONSFIELD
CITY-ST-ZIP QUEBEC H9W 3A5 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE PCEO
2.2 NAME ROBINSON, JAMES A.
2.3 STREET ADDRESS 505 North Tyler Rd., #1315
2.4 CITY-ST-ZIP WICHITA, KS 67212 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D
5.2 NAME FONTAINE, JEAN-LOUIS
5.3 STREET ADDRESS 4 MURRAY AVENUE
5.4 CITY-ST-ZIP WESTMOUNT, QUEBEC H3Y2Y1 ☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME ROYER, RAYMOND
6.3 STREET ADDRESS 5955 WILDERTON APT. 5C
6.4 CITY-ST-ZIP MONTREAL, QUEBEC H3S2V1 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034 (12/95)