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FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 67209-2924



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

04/29/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

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

TITLE PCEO ☐ DELETE

NAME ROBINSON, JAMES A
STREET ADDRESS 505 NORTH TYLER RD. #1315
CITY-ST-ZIP WICHITA KS 67212

TITLE VS ☒ DELETE

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

TITLE VT ☐ DELETE

NAME STEWART, JAMES V
STREET ADDRESS 11405 PONDEROSA
CITY-ST-ZIP WICHITA KS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME FONTAINE, JEAN LOUIS
STREET ADDRESS 4 MURRAY AVE.
CITY-ST-ZIP WESTMOUNT, QUEBEC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PCEO ☒ Change ☐ Addition

2.2 NAME LACHLAN M BEATSON
2.3 STREET ADDRESS 15800 W HIGHVIEW DR
2.4 CITY-ST-ZIP GODDARD KS 67052

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VT ☒ Change ☐ Addition

4.2 NAME COLIN FERNIE
4.3 STREET ADDRESS 2922 WILD ROSE CT
4.4 CITY-ST-ZIP WICHITA KS 67205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: COLIN FERNIE / Treasurer

4/4/97

CR2E034 (9/96)