## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90007 034 \*\*\*150.00

## DOCUMENT # F9400006013

1. Corporation Name

LEARJET INC.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Principal Place of Business

ONE LEARJET WAY WICHITA KS 67277-7707		ONE LEARJET WAY WICHITA KS 67277-7707				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
•		TA-11-50				11/22/1994 4. FEI Number	———т		Nod For	
2. Principal Pf	pal Place of Business 2a. Mailing Address					,			olied For	
4i <u> </u>	<del> </del>	26				13-3567473   Not Applicabl				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City & State	e	City & State	<del></del>			6. Election Campaign Financing S5.00 May Be				
23		28				Trust Fund Contribution		dded to	,	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.				
Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent	<u>.                                    </u>		
				81	Name					
C T CORPORATION SYSTEM				82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)			
1200 SOUTH PINE ISLAND ROAD					000000					
PLANTATION FL 33324				83			•			
				84	City		85	Zip C	ode	
				above-named corporation submits this statement for the purpose of changing its registered					i	
office or reagent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent in	ons of, Section 607.0505, Flo	irida Stati	utes.		ation's board of directors. I hereby accept t uired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	RECTO		
TITLE	CD	☐ DELETE	1,1 30	TLE				hange	☐ Addition	
NAME (	BEAUDOIN, LAURENT		1.2 N/	ME					}	
STREET ADDRESS	21 ABERDEEN, WESTMOUNT		1.3.51	1.3 STREET ADDRESS					-	
CITY-ST-ZIP	A. 1777 A. 147 A. 14		1.4 CI	1.4 CITY-ST-ZIP						
TITLE	PCEO	₩ DEFELE	2.1 π	TLE		$\overline{V}$	₩ 0	hange	Addition	
NAME	BEATSON, LACHALN M	DN. LACHALN M		22 NAME Z.I		ZIEGLER, JAMES L.			}	
STREET ADDRESS			2.3 STREET ADDRESS 79		7905 MEADOW PASS			}		
CITY-ST-ZIP	GODDARD KS		2.4C	ITY-ST	r-ZIP	WICHITA KS 67205				
TITLE	VS	☐ DELETE	3.1 TI	TLE				hange	Addition	
NAME	BEAURIVAGE, ANNED G		3.2 N	ME	}	•			1	
STREET ADDRESS	40000 N. 14101 F #5 - 40		3.3 ST	REET	ADDRESS				-	
CITY-ST-ZIP	WICHITA KS 67209		34. C	ITY-ST	r-zip					
TITLE	VT	☐ DELETE 4.1		īΈ				hange	Addition	
NAME	CRAWSHAW, CHRISTOPHER L		4. 2 N	AME	}					
STREET ADDRESS			4.3 ST	REET	ADDRESS				1	
CITY-ST-ZIP	WICHITA KS 67226		4.4 Ci	TY-ST	-ZIP					
TITLE	D			TLE				hange	☐ Addition	
NAME	Brown, Robert E		5.2 N	4ME	Ì					

MONTREAL, QUEBEC, CANADA 6.4 CITY-ST-ZIP *H3GlA*l WESTMOUNT, QUEBEC 14. 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 annual report or supplemental annual report is five 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 any address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

531 ELIZABETH ROAD, BEACONSFIELD

**QUEBEC H9W 3A5** 

4 MURRAY AVE.

FONTAINE, JEAN LOUIS

DELETE

4/27/99

GRAFF, MICHAEL

1245 REDPATH CRESCENT

Change

Addition