

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90071 020 ***150.00

DOCUMENT # F94000006013

1. Entity Name
LEARJET INC.

Principal Place of Business

**ONE LEARJET WAY
 WICHITA KS 67277-7707**

Mailing Address

**ONE LEARJET WAY
 WICHITA KS 67277-7707**

B0051831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3567473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
 NAME **ZIEGLER, JAMES L**
 STREET ADDRESS **8005 MEADOW PASS CT.**
 CITY-ST-ZIP **WICHITA KS 67205**

TITLE **VS** ☐ Delete
 NAME **BEAURIVAGE, ANNE G**
 STREET ADDRESS **11842 ROLLING HILLS CT.**
 CITY-ST-ZIP **WICHITA KS 67209**

TITLE **VT** ☐ Delete
 NAME **DESJARDINS, SYLVIE**
 STREET ADDRESS **2514 N. HAZELWOOD**
 CITY-ST-ZIP **WICHITA KS 67205**

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

TITLE **CD** ☐ Delete
 NAME **REYNOLDS, P.T**
 STREET ADDRESS **18720 WILLOWCREEK DRIVE**
 CITY-ST-ZIP **GODDARD KS 67052**

TITLE **D** ☐ Delete
 NAME **BRUNDLE, KEN**
 STREET ADDRESS **27A KILLYLEAGH RD.**
 CITY-ST-ZIP **KILLINCHY IRELAND BT23- 6TD**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Wichita, KS 67212**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☒ Change ☒ Addition
 NAME **Pierre Beaudoin**
 STREET ADDRESS **597 Dupret**
 CITY-ST-ZIP **Ile des Soeurs, Quebec Canada H3E 1X2**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02

Date

(316) 946-2000

Daytime Phone #

CR2E034 (9/01)