


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90064 026 ***150.00

DOCUMENT # F94000006013 1. Entity Name LEARJET INC.					
Principal Place of Business ONE LEARJET WAY WICHITA, KS 67277-7707			Mailing Address P.O. BOX 7707 ATTN:TAX DEPT. WICHITA, KS 67277-7707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3567473	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIEGLER, JAMES L 8005 MEADOW PASS CT. WICHITA, KS 67205 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAURIVAGE, ANNE G 11842 ROLLING HILLS CT. WICHITA, KS 67212 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUFAHL, DONALD R 1652 S. TAMARISK CT. WICHITA, KS 67230 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Pufahl, Donald R. 1652 S. Tamarisk Ct. Wichita, KS 67230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEAUDOIN, PIERRE 597 DUPRET ILE DES SOEURS, QB, CA h3e 1x2 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Beaudoin, Pierre 757 Lexington Westmount, QC, CA H3Y 1K8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT GARVEY, JONINA R. 4420 E. MARK TWAIN CT. DERBY, KS 67037 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Crawshaw, Christopher 2407 N. Lake Ridge Circle Wichita, KS 67205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNDLE, KEN 27A KILLYLEAGH RD. KILLINCHY IRELAND, b123 6td <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARLE, ROGER 72 STRATHCONA Ville Mont-Royal, QC, CA H3R 1E4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jonina R Garvey</i> Jonina R Garvey 1/19/04 316-946-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					