

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90203 006 ***150.00

DOCUMENT # F95000000214

1. Corporation Name

AMC HELICOPTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address

% CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

51-0363427

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 **PD** ☐ DELETE
NAME **BALL, RUSSELL C. III**
STREET ADDRESS **181 S. GULPH RD.**
CITY-ST-ZIP **KING OF PRUSSIA PA**

TITLE **VASD** ☒ DELETE
NAME **SLINGHOFF, CHARLES M JR**
STREET ADDRESS **181 S. GULPH RD.**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **VAS** ☐ DELETE
NAME **YAGLENSKI, JOHN F JR**
STREET ADDRESS **181 S. GULPH RD.**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **ST** ☐ DELETE
NAME **BRENNAN, PAUL**
STREET ADDRESS **181 S GULPH RD**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **AS** ☐ DELETE
NAME **SPRAY, J. RUSSELL**
STREET ADDRESS **800 S 3110 W**
CITY-ST-ZIP **PROVO UT 84603**

TITLE **AS** ☐ DELETE
NAME **MALMSTROM, LYNN D.**
STREET ADDRESS **800 S 3110 W**
CITY-ST-ZIP **PROVO UT 84603**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VASD

STROUSE, ROBERT H.

181 S GULPH RD.

KING OF PRUSSIA PA 19406

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

J. K. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

4/13/99

801-375-1124

Date

Daytime Phone #