

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 047 ***150.00

DOCUMENT # F95000001134

1. Entity Name

SONIC AIR, INC.

Principal Place of Business

Mailing Address

55 GLENLAKE PARKWAY, NE
 ATLANTA GA 30328

55 GLENLAKE PARKWAY, NE
 ATLANTA GA 30328-3474
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0786380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DOUGLAS M	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, JOHN	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI MAGGIO, DANIEL P	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, DAVID	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKERN, JAMES	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICA, EUGENE A	NAME	
STREET ADDRESS	55 GLENLAKE PKWY NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	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:

Eugene A. Pica
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00
 Date

(404) 828-6093
 Daytime Phone #

CR2E034 (9/99)