07-27-2007 90007 029 ***150.00
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 AUG 30 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003074

1. Entity Name
AIRPORT TERMINAL SERVICES, INC.

Principal Place of Business	Mailing Address
500 NORTHWEST PLAZA SUITE 1100 ST. LOUIS, MO 63074 US	500 NORTHWEST PLAZA SUITE 1100 ST. LOUIS, MO 63074 US

07242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 Westport Plaza Drive	111 Westport Plaza Drive
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: St. Louis, MO	City & State: St. Louis, MO
Zip: 63146 Country: St. Louis	Zip: 63146 Country: St. Louis

4. FEI Number: 43-1688661 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HAWES, RICHARD B ~~500 NORTHWEST PLAZA, SUITE 1100~~ ~~SAINT LOUIS, MO 63074~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 111 Westport Plaza, Drive Suite 400 St. Louis, MO 63146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, JOHN T ~~500 NORTHWEST PLAZA, SUITE 1100~~ ~~SAINT LOUIS, MO 63074~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 111 Westport Plaza Dr., Suite 400 St. Louis, MO 63146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEIBLE, SALLY A ~~500 NORTHWEST PLAZA, SUITE 1100~~ ~~ST. LOUIS, MO 63074~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 111 Westport Plaza Dr., Ste 400 St. Louis, MO 63146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD, BRIAN ~~500 NORTHWEST PLAZA, SUITE 1100~~ ~~ST. LOUIS, MO 63074~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 111 Westport Plaza Dr., Ste 400 St. Louis, MO 63146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WAPPELHORST, PAUL A ~~500 NORTHWEST PLAZA, SUITE 1100~~ ~~ST LOUIS, MO 63074~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 111 Westport Plaza Dr., Ste 400 St. Louis, MO 63146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEADOR, MARTIN 500 NORHTWEST PLAZA, SUITE 1100 SAINT LOUIS, MO 63074	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Breauninger, Ingrid 111 Westport Plaza Dr., ste 400 St. Louis, MO 63146

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul A. Wappelhorst 7/24/07 314-735-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/30