

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90487 020 ***150.00

DOCUMENT # F95000003708

1. Entity Name

DALLAS AEROSPACE, INC.

| | |
|--|---|
| Principal Place of Business 1875 N INTERSTATE 35 E CARROLLTON TX 75006 | Mailing Address 45025 AVIATION DRIVE SUITE 300 DULLES VA 20166-7556 |
|--|---|

853479

| | |
|---|---|
| 2. Principal Place of Business 45025 AVIATION DRIVE | 3. Mailing Address 45025 AVIATION DRIVE |
|---|---|

| | |
|---|---|
| Suite, Apt. #, etc. SUITE 400 | Suite, Apt. #, etc. SUITE 400 |
|---|---|

| | |
|----------------------------------|----------------------------------|
| City & State DULLES VA | City & State DULLES VA |
|----------------------------------|----------------------------------|

| | | | |
|--------------------------|-----------------------|--------------------------|-----------------------|
| Zip 20166-7516 | Country USA | Zip 20166-7516 | Country USA |
|--------------------------|-----------------------|--------------------------|-----------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 75-1609331 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

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 | 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WILLIAM THOMPSON 1875 N. INTERSTATE 35 EAST CARROLLTON TX 75006 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WARREN PERSAVICH 45025 AVIATION DRIVE, STE 300 DULLES VA 20166-7556 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D EUGENE W. JURIS 45025 AVIATION DRIVE, STE 300 DULLES VA 20166-7556 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO/D TERRY GOODNIGHT 1875 INTERSTATE 35 EAST CARROLLTON TX 75006 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/S/D BRADLEY T. LOUGH 45025 AVIATION DRIVE, STE 300 DULLES VA 20166-7556 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D JOHN M. DANIEL 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/D WARREN D. PERSAVICH 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V JOHN L. FLYNN 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DONALD E. MILLER 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/T/S/D 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS BRIAN LAM 45025 AVIATION DRIVE, STE 400 DULLES VA 20166-7516 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:  **JOHN L. FLYNN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 703-478-5908
 Date Daytime Phone #