2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # F95000004288 04-30-2004 90265 049 ***150.00 1. Entity Name AIRBASE SERVICES, INC. Principal Place of Business Mailing Address 94076252 7860 N.W. 67TH ST. 5480 VALMONT RD MIAMI, FL 33166 #300 BOULDER, CO 80301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 33-0675153 Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. 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) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CEOD Delete TITLE ☐ Change ☐ Addition MCKEOWN, TOM NAME STREET ADDRESS 7201 SPRING CREEK CIRCLE STREET ADDRESS BOULDER, CO 80503 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE AMES, LARRY NAME NAME STREET ADDRESS 6855 SPRINGHILL DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NIWOT, CO 80503 **CFOV** Change Change TITLE ☐ Delete TITLE ☐ Addition METZGER. DAVID.M., NAME NAME STREET ADDRESS STREET ADDRESS 4760 KINCROSS COURT CITY-ST-ZIP BOULDER, CO 90301 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE ANDERSON, LLOYD B NAME NAME STREET ADDRESS 10319 N. 65TH STREET ADDRESS LONGMONT, CO 80503 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIFLE Delete MCKEOWN, RODNEY NAME NAME STREET ADDRESS 239 EAST 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC V5T 1J7, □ Change ☐ Addition TITLE Delete FERGUSON, DAVID L NAME NAME 108.S FRONTAGE ROAD WEST, SUITE 307 STREET ADDRESS STREET ADDRESS AIL, CO 81657 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not mustify together 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 has been legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of t & Corporate Secretary 303-545-9800 SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR