

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
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90008 026 ***550.00

DOCUMENT # F95000004456

1. Corporation Name

INTERNATIONAL TURBINE SERVICE, INC.

Principal Place of Business
1060 E. NORTHWEST HWY.
GRAPEVINE TX 76051

Mailing Address
1060 E. NORTHWEST HWY.
GRAPEVINE TX 76051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number
75-1678654

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 7511 Lemmon Ave., Bldg B

27 Suite, Apt. #, etc.
Attn: Tax Dept

28 Dallas, Tx

29 Zip Country
75209 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 | PDC | DELETE |
| NAME | KINCAID, THOMAS R | |
| STREET ADDRESS | 1060 E. NORTHWEST HWY. | |
| CITY-ST-ZIP | GRAPEVINE TX 76051 | |
| TITLE | V | DELETE |
| NAME | KOMNENOVICH, DAN | |
| STREET ADDRESS | 7511 LEMMON AVE. | |
| CITY-ST-ZIP | DALLAS TX 75209 | |
| TITLE | VPCO | DELETE |
| NAME | EDGINGTON, LYNN E | |
| STREET ADDRESS | 975 WILDWOOD | |
| CITY-ST-ZIP | SOUTHLAKE TX 76092 | |
| TITLE | D | DELETE |
| NAME | PERKINS, MICHAEL | |
| STREET ADDRESS | 1060 E NORTHWEST HWY | |
| CITY-ST-ZIP | GRAPEVINE TX 76051 | |
| TITLE | S | DELETE |
| NAME | MURRER, GREGORY J | |
| STREET ADDRESS | 1060 W NORTHWEST HWY | |
| CITY-ST-ZIP | GRAPEVINE TX 76051 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Richard Dodson | |
| 1.3 STREET ADDRESS | 1060 E. Northwest Hwy | |
| 1.4 CITY-ST-ZIP | Grapevine, TX 76051 | |
| 2.1 TITLE | EXEC V.P. / C.O.O. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Jon Holzapfel | |
| 2.3 STREET ADDRESS | 1060 E. Northwest Hwy | |
| 2.4 CITY-ST-ZIP | Grapevine, TX 76051 | |
| 3.1 TITLE | EXEC V.P. - Sales | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jacques Ebbo | |
| 3.3 STREET ADDRESS | 1060 E. Northwest Hwy | |
| 3.4 CITY-ST-ZIP | Grapevine, TX 76051 | |
| 4.1 TITLE | C. F. O. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99

Date

817-944-3250

Daytime Phone #

0558718

CR2E034 (11/98)