

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005938 (4)**

1. Corporation Name
GFSC AIRCRAFT ACQUISITION FINANCING CORPORATION



Principal Place of Business: **500 GULFSTREAM ROAD SAVANNAH GA 31402-2206**
Mailing Address: **500 GULFSTREAM ROAD SAVANNAH GA 31402-2206**

3. Date Incorporated or Qualified: **12/06/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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] (NOTE: Registered Agent's signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCEO	NAME: MERRITT, R J	1.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	1.2 NAME: [Blank]	
TITLE: EV	NAME: ABBATE, T L	1.3 STREET ADDRESS: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	1.4 CITY-ST-ZIP: [Blank]	
TITLE: EV	NAME: BURR, J D	2.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	2.2 NAME: [Blank]	
TITLE: EV	NAME: GUSOFF, G K	2.3 STREET ADDRESS: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	2.4 CITY-ST-ZIP: [Blank]	
TITLE: V	NAME: BAYLISS-ALLEN, M T	3.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	3.2 NAME: [Blank]	
TITLE: V	NAME: CLAMON, J W	3.3 STREET ADDRESS: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1620 WEST FOUNTAINHEAD PKWY SUITE 600	CITY-ST-ZIP: TEMPE AZ 85282	3.4 CITY-ST-ZIP: [Blank]	
		4.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: [Blank]	
		4.3 STREET ADDRESS: [Blank]	
		4.4 CITY-ST-ZIP: [Blank]	
		5.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: [Blank]	
		5.3 STREET ADDRESS: [Blank]	
		5.4 CITY-ST-ZIP: [Blank]	
		6.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME: [Blank]	
		6.3 STREET ADDRESS: [Blank]	
		6.4 CITY-ST-ZIP: [Blank]	

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List Attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signatures] ATTORNEY-IN-FACT 4/23/96 (201) 740-5000

CR2E034 (12/95)