

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90262 013 ***150.00

DOCUMENT # F96000000599

1. Entity Name
KOG AIR TRANSPORT, INC.

Principal Place of Business 377 BROADWAY NEW YORK NY 10013	Mailing Address 377 BROADWAY NEW YORK NY 10013
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 13-3854556	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent SCHULTZ, THORSTEN C/O KOG TRANSPORT, INC. 7392 NW 35TH TERRACE MIAMI FL 33122				7. Name and Address of New Registered Agent Name THAMARA GARCIA C/O KOG TRANSPORT, INC. Street Address (P.O. Box Number is Not Acceptable) 7392 N.W. 35TH TERRACE City MIAMI State FL Zip 33122		
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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 **THAMARA GARCIA** *Thamara Garcia* DATE **04/03/01**
Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVT OSMERS, JUERGEN 245 E 93RD ST NEW YORK NY 10128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSMERS, JUERGEN 2 EAST END AVENUE, PH-C NEW YORK, N.Y. 10021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHERBNER, LINDA 51-32 IRELAND ST. ELMHURST NY 11373 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSKOPF, HANS LEIPZIGERSTR. 21 5628 HEILIGENHAUS, GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COULTAUS, BILL 70-19 65TH PLACE GLENDALE NY 11385 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **WILLIAM COULTAUS** *William Coultaus* DATE **04/03/01** DAYTIME PHONE # **212-226-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)