2002 UNIFORM BUSINESS REPORT (UBR)

Aug 19, 2002 8:00 am Secretary of State DOCUMENT # F96000000599 1. Entity Name 08-19-2002 90150 011 ***550 00 KOG AIR TRANSPORT, INC. Mailing Address Principal Place of Business 377 BROADWAY 377 BROADWAY NEW YORK NY 10013 **NEW YORK NY 10013** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-3854556 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HICARDO-VALDES-C/O-KOG-TRANSPORT,--INC. GARCIA, THAMARA Street Address (P.O. Box Number is Not Acceptable) C/O KOG TRANSPORT, INC. 7392 NW 35TH TERRACE 2153 N.W. 798TH AVENUE MIAMI FL 33122 MEAMI 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE Change NAME OSMERS, JUERGEN NAME STREET ADDRESS STREET ADDRESS 2 EAST END AVENUE, PH-C CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10021 Delete TITLE √ Change noitibbA [7] TITLE DP NAME SCHERBNER, LINDA NAME LINDA SCHERBNER 19 ADAMS AVENUE BAYVILLE, N.Y. 11709 STREET ADDRESS 51-32 IRELAND ST. STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **ELMHURST NY 11373** ☐ Delete ☐ Change Addition TITLE TITLE D GROSSKOPF, HANS STREET ADDRESS STREET ADDRESS LEIPZIGERSTR. 21 CITY-ST-ZIP CITY-ST-ZIP 5628 HEILIGENHAUS, GERMANY TITLE ☐ Delete TITLE Change Addition NAME NAME COULTAUS, BILL STREET ADDRESS STREET ADDRESS 70-19 65TH PLACE CITY-ST-ZIF CITY-ST-ZIP **GLENDALE NY 11385** ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-7IP

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 in

changed, or on an attachment with an address, with all of

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