


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F9600000799**

1. Entity Name  
**AIRPORT INFORMATION SYSTEMS, INC.**



FILED  
04 JUN 30 4:13:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4007 CLAIRMONT RD.  
ATLANTA, GA 30341

Mailing Address  
4007 CLAIRMONT RD.  
ATLANTA, GA 30341

2. Principal Place of Business  
**225 Corey Center S.E.**  
Suite, Apt. #, etc.

3. Mailing Address  
**225 Corey Center S.E.**  
Suite, Apt. #, etc.

**Suite 1**  
City & State  
**Atlanta, Georgia**


**Suite 1**  
City & State  
**Atlanta, Georgia**

Zip  
**30312**

Country  
**Fulton**

Zip  
**30312**

Country  
**Fulton**



03202003 Chg-P CR2E034 (10/03)

4. FEI Number  
**58-1655093**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**100039320591**

City **07/20/04-01010-013** **FL** **\*\*150.00**  
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: *Mary R. Adams* **MARY R. ADAMS** **ASSISTANT SECRETARY** **6/18/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PHILLIPS, DIANE<br>4007 CLAIRMONT RD.<br>ATLANTA, GA 30341 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COREY, WILLIAM E<br>4007 CLAIRMONT RD.<br>ATLANTA, GA 30341 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HARRELL, RICHARD<br>4007 CLAIRMONT RD.<br>ATLANTA, GA 30341 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BANKS, ANGELIA L<br>4007 CLAIRMONT RD.<br>ATLANTA, GA 30341 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RICKERT, KENNETH W<br>4007 CLAIRMONT RD.<br>ATLANTA, GA 30341 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>SMITH, DIANE<br>225 COREY CENTER, S.E.<br>ATLANTA, GEORGIA 30312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>COREY, WILLIAM E.<br>225 COREY CENTER S.E.<br>ATLANTA, GEORGIA 30312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>HARRELL, RICHARD<br>225 COREY CENTER S.E.<br>ATLANTA, GEORGIA 30312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST<br>BANKS, ANGELIA L.<br>225 COREY CENTER S.E.<br>ATLANTA, GEORGIA 30312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | AS<br>RICKERT, KENNETH W<br>225 COREY CENTER S.E.<br>ATLANTA, GEORGIA 30312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth W. Rickert* **Kenneth W. Rickert** **6/1/04** **404/419-9707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #