

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000000799

1. Entity Name  
AIRPORT INFORMATION SYSTEMS, INC.



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.

3. Mailing Address  
225 Corey Center S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1  
City & State

Suite 1  
City & State

Atlanta, Georgia

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)

City

100039320591  
07/20/04-01010-013 \*\*\*150.00  
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04  
Date

404/419-9707  
Daytime Phone #