

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000001267**

1. Entity Name

FAF DOMESTIC AIR FREIGHT SERVICES, INC.**FILED**
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90165 035 ***150.00

| | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business 706 MISSION ST SUITE 1000 SAN FRANCISCO CA 94103 | Mailing Address 706 MISSION ST SUITE 1000 SAN FRANCISCO CA 94103-3113 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 94-1126741 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GAZTUA, RALPH 2970 NW 75TH AVE MIAMI FL 33122 |
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| 7. Name and Address of New Registered Agent |
| Name A1 Benki |
| Street Address (P.O. Box Number is Not Acceptable) 10000 NW 25 St. |
| City Miami FL Zip Code 33172 |

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 | A1 Benki | DATE |
|-----------|-----------------|------|

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| 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, 2000 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 | P FRIEDMAN, GARY 706 MISSION ST. SAN FRANCISCO CA 94103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Dutt, Ronald 706 Mission Street San Francisco, CA 94103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RAYMOND, JAN H 706 MISSION ST SAN FRANCISCO CA 94103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S,D Raymond, Jan H. 706 Mission Street San Francisco, CA 94103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARROVAS, ROBERT 706 MISSION ST SAN FRANCISCO CA 94103 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Smith, Raymond 706 Mission Street San Francisco, CA 94103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRITZ, LYNN C. 706 MISSION ST SAN FRANCISCO CA 94103 <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 PELINO, DENNIS L 706 MISSION STREET SAN FRANCISCO CA 94103 <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan H. Raymond**4/10/00**

Date

415-538-0422

Daytime Phone #

CR2E034 (9/99)