2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # F96000001367** 1. Entity Name 04-30-2007 90470 014 ***150.00 AIRNET SYSTEMS, INC. Principal Place of Business Mailing Address 7250 STAR CHECK DRIVE 7250 STAR CHECK DRIVE COLUMBUS, OH 43217 COLUMBUS, OH 43217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 31-1458309 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE PC BIGGERSTAFF, JOEL E NAME NAME Bruce D Parker STREET ADDRESS 7250 STAR CHECK DRIVE STREET ADDRESS 7250 Star Check Drive CITY-ST-ZIP COLUMBUS, OH 43217 CITY-ST-ZIP Columbus, OH 43217 🔀 Addition D Delete TITLE ☐ Change TITLE LAUER, DAVID NAME MAME James Ernest Riddle STREET ADDRESS 370 W. NINTH AVE. STREET ADDRESS 717 Glenway COLUMBUS, OH 43210 CITY-ST-ZIP CITY - ST - ZIP 30319 <u>Atlanta, GA</u> ☐ Delete TITLE Change ☐ Addition TITLE NAME QUALMANN, GARY W NAME STREET ADDRESS 7250 STAR CHECK DRIVE STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43217 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition LEACH, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 7250 STAR CHECK DRIVE CITY-ST-ZIP COLUMBUS, OH 43217 CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME HARRIS, JEFFREY STREET ADDRESS 7250 STAR CHECK DRIVE STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43217 CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

FILED

Daytime Phone #