2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F9600001524 1. Entity Name FLIGHT DIRECTOR, INC. 02-06-2001 90035 033 ***150.00 Principal Place of Business Mailing Address 11525 STONEHOLLOW DRIVE 11525 STONEHOLLOW DRIVE BLDG. 1. SUITE 120 BLDG. 1. SUITE 120 AUSTIN TX 78758 AUSTIN TX 78758 US 2. Principal Place of Business 3. Mailing Address 100M:c DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 95-3919535 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Travis 400:2 7. Name and Address of New Registered Agent - -Name and Address of Current Registered Agent ROBERTS, RICHARD L Street Address (P.O. Box Number is Not Accep 4101 RAVENSWOOD RD. SUITE 111 **DANIA FL 33312** Zip Code 5330 & 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CPS ☐ Delete TITLE TITLE HANRAHAN, MICHAEL W NAME Karman Aur. 18201 Von STREET ADDRESS STREET ADDRESS 600 ANTON BLVD. SUITE 1740 CITY-ST-ZIP CITY-ST-ZIP COSTA MESA CA 92626 TITLE TITLE HANRAHAN, DONALD J. NAME NAME ESH 11525 STONEHOLLOW DRIVE, BLDG.1, STE. 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78758** Change Addition. - - Delete -JITLE ____ TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 paraddress, with all other like empowered.

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: