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Feb 08, 1999 8:00am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004536

1. Corporation Name

FLIGHTSAFETY SERVICES CORPORATION

Principal Place of Business

3333 S BANNOCK ST  
100  
ENGLEWOOD CO 80110  
US

Mailing Address

3333 S BANNOCK ST  
100  
ENGLEWOOD CO 80110  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1996

4. FEI Number

36-3244473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME WHITMAN, B N  
STREET ADDRESS 6659 SOUTH MARINA WAY  
CITY-ST-ZIP STUART FL

TITLE VT ☐ DELETE

NAME MOTSCHWILLER, K W  
STREET ADDRESS 41 BEDFORD AVENUE  
CITY-ST-ZIP ROCKVILLE CENTRE NY

TITLE CD ☐ DELETE

NAME UELTSCHI, A L  
STREET ADDRESS 7701 BRIARCREST COURT  
CITY-ST-ZIP IRVING TX

TITLE V ☐ DELETE

NAME MILLER, ALLEN  
STREET ADDRESS 14903 E ASBURY AVENUE  
CITY-ST-ZIP AURORA CO

TITLE V ☐ DELETE

NAME RIFFE, THOMAS  
STREET ADDRESS 8057 SOUTH BANNOCK DRIVE  
CITY-ST-ZIP LARKSPUR CO

TITLE C ☐ DELETE

NAME D'ANGELO, MARIO  
STREET ADDRESS 149-15 10TH AVENUE  
CITY-ST-ZIP WHITESTONE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

REQUIRED

D'ANGELO-CONTROLLER 1/14/99

718-565-4144

Date

Daytime Phone

CR2E034 (1/98)