

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004536

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLIGHTSAFETY SERVICES CORPORATION

Current Principal Place of Business:

10770 E. BRIARWOOD AVE
SUITE 100
ENGLEWOOD, CO 80112 US

New Principal Place of Business:

Current Mailing Address:

MARINE AIR TERMINAL-LAGUARDIA AIRPORT
FLUSHING, NY 11371 US

New Mailing Address:

FEI Number: 36-3244473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MARINO, JOHN
Address: 1235 SOUTH CLARK STREET
City-St-Zip: ARLINGTON, VA 22202 US

Title: CFO () Delete
Name: MOTSCHWILLER, K W
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

Title: D () Delete
Name: WHITMAN, BRUCE N
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

Title: S () Delete
Name: EFF, THOMAS A
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

Title: VD (X) Delete
Name: WAUGH, JAMES S
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

Title: T () Delete
Name: D'ANGELO, MARIO
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MARINO, JOHN
Address: 1101 KING STREET, STE 325
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: CFOD (X) Change () Addition
Name: MOTSCHWILLER, K W
Address: MARINE AIR TERMINAL-LAGUARDIA AIRPORT
City-St-Zip: FLUSHING, NY 11371 US

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO D'ANGELO

T

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date