

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000004655**

1. Entity Name
SOCATA AIRCRAFT INC.

Principal Place of Business
**7501 PEMBROKE ROAD
NORTH PERRY AIRPORT
PEMBROKE PINES FL 33023**

Mailing Address
**7501 PEMBROKE ROAD
NORTH PERRY AIRPORT
PEMBROKE PINES FL 33023**

FILED

**01 OCT -5 AM 10:38
00076109
SECRETARY OF STATE**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2898620	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAURAIN, THIERRY NORTH PERRY AIRPORT 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023				Name Raymond H. Mathisen	
				Street Address (P.O. Box Number is Not Acceptable) 737 Pinehurst Way	
				City Paln Beach Gardens FL Zip Code 33418	

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 **Raymond H. Mathisen, Secretary** *Raymond H. Mathisen* **Oct 3 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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 \$550.00 After September 12, 2001 Fee will be \$750.00 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	COB DEBRUN, PHILIPPE 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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	PCEO BERNARD, STEPHANE 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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 DESCHAMPS, DOMINIQUE 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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	S BRADFORD, GREGORY H 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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	VCOB VAN DEN BROOK, CHRISTOPHE 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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	S MATHISEN, RAYMOND H 7501 PEMBROKE RD PEMBROKE PINES FL 33023 <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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/01)