# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005596

**FILED**
**Mar 02, 2000 8:00 am**
**Secretary of State**

03-02-2000 90071 038 ***150.00

715213

DO NOT WRITE IN THIS SPACE

1. Entity Name

ATLAS AIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 538 COMMONS DR<br>GOLDEN CO 80401 | 538 COMMONS DR<br>GOLDEN CO 80401-5705 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 84-1207329 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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

SIGNATURE _____
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) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE CCEO<br>NAME CHOWDRY, MICHAEL A<br>STREET ADDRESS 538 COMMONS DR<br>CITY-ST-ZIP GOLDEN CO 80401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VP<br>NAME GADEK, STANLEY J<br>STREET ADDRESS 538 COMMONS DRIVE<br>CITY-ST-ZIP GOLDEN CO 80401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ~~VCFO~~<br>NAME ~~NEVIN, STEPHEN C~~<br>STREET ADDRESS ~~538 COMMONS DR~~<br>CITY-ST-ZIP ~~GOLDEN CO 80401~~ | ☒ Delete | TITLE VP Human Resources<br>NAME William S. Allen<br>STREET ADDRESS 538 Commons DR<br>CITY-ST-ZIP Golden, CO 80401 | ☐ Change ☐ Addition |
| TITLE T<br>NAME SHUYLER, RICHARD H<br>STREET ADDRESS 538 COMMONS DR<br>CITY-ST-ZIP GOLDEN CO 80401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE S<br>NAME BRICTSON, DAVID<br>STREET ADDRESS 538 COMMONS DR<br>CITY-ST-ZIP GOLDEN CO 80401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VP<br>NAME SCOTT, THOMAS G<br>STREET ADDRESS 538 COMMONS DR<br>CITY-ST-ZIP GOLDEN CO 80401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ 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 like empowered.

**SIGNATURE:** Stanley J. Gadek — 2/7/00 — 303 526 3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)