

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000000527**1. Entity Name
AIRDATA WIMAN SYSTEMS, INC.

Principal Place of Business

2950 TAMiami ROAD

NAPLES
34103

FL

Mailing Address

2950 TAMiami ROAD

NAPLES
34103

FL

2. Principal Place of Business

2180 IMMOKALEE ROAD

3. Mailing Address

2180 IMMOKALEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number

59-3419337

Applied For

Not Applicable

Zip
34110

Country

Zip
34110

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE
323012525

US

FL

7. Name and Address of New Registered Agent

Name

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

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)

04/26/2001

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, 2001 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

TITLE D
NAME STECK MARLEUS ☐ Delete
STREET ADDRESS 2950 TAMiami ROAD
CITY-ST-ZIP NAPLES FLTITLE VP
NAME MILLEN MATTHEW ☐ Delete
STREET ADDRESS 2950 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34103TITLE PCD
NAME ALTVATER ULRICH ☐ Delete
STREET ADDRESS 2950 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34103TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME STECK MARKUS
STREET ADDRESS 2180 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110TITLE VP ☒ Change ☐ Addition
NAME MILLER MATTHEW
STREET ADDRESS 2180 IMMOKALEE RD
CITY-ST-ZIP NAPLES FL 34110TITLE PCD ☒ Change ☐ Addition
NAME ALTVATER ULRICH
STREET ADDRESS 2180 IMMOKALEE RD.
CITY-ST-ZIP NAPLES FL 34110TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Markus Steck

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)