

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90212 021 \*\*\*\*61.25

**DOCUMENT # F97000000758**

1. Entity Name

**COMMEMORATIVE AIR FORCE, INC.**



Principal Place of Business

PO BOX 62000  
MIDLAND TX 79711-2000

Mailing Address

PO BOX 62000  
MIDLAND TX 79711-2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-1484491**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, RICHARD D**  
**1797 MITCHELL CT.**  
**DAYTONA BEACH FL 32124**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, ROBERT R</b>	NAME	
STREET ADDRESS	<b>3108 GULF</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLAND TX 79701</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUDYSHELL, FLOYD S</b>	NAME	
STREET ADDRESS	<b>3903 NORTHFIELD CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLAND TX 79707</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGATHER, NIELS</b>	NAME	
STREET ADDRESS	<b>1227 WASHINGTON TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT WORTH TX 76107</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWAN, JOE</b>	NAME	
STREET ADDRESS	<b>1732 NORTH WEST ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WICHITA KS 67203</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steve Barber</b>	NAME	
STREET ADDRESS	<b>1185 Corte Riqua</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Camarillo CA 93010</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(432)

SIGNATURE: *Floyd S. Houdyshell* **Floyd S. Houdyshell, Sec./Treas 4/7/03 563-1000**

CR2E037 (10/02)