FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005114 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name CL AIRCRAFT MARKETING, INC. 02 OCT -1 PM 1:57 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 20801 BISCAYNE BLVD **401 N TRYON ST** Suite, Apt. #, etc. Suite, Apt. #, etc. **SUITE #403** DO NOT WRITE IN THIS SPACE NC1-021-02-20 City & State City & State 4. FEI Number MIAMI FL Applied For CHARLOTTE NC 65-0794224 Not Applicable Country Zip Country 33180 \$8.75 Additional 28255 5. Certificate of Status Desired Mecklenburg Fee Required 7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE Street Address (P.O. Box Number is Not A SOUTH PINE ISLAND RD IN THIS SPACE 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. Zip Code 33324 DALE W. MORRIS 30-2000 **SIGNATURE** ASSISTANT VICE PRESIDENT 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 January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 Election Campaign Financing \$5.00 May Be Amended UBR is \$61,25 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE DIR / PRES TITLE NAME ANTHONY M. HAGEN NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TITLE NAME DUANE L. SMITH REINSTATEMENT 201-2007 NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TITLE NAME DANIEL CHAIR NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS DO NOT WRITE CHARLOTTE NC 28255 CITY - ST - ZIP TITLE SEC TITLE IN THIS SPACE NAME MARK W. ANDERSSON NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TREA / CFO ΠLE 5000081369<u>6</u>! NAME ROBERT A. KEYES, JR. NAME -10/01/02--01052--019 STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS **20700.00° CITY - ST - ZIF ****SUU. ()(CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 on an attachment with an address, with all other like empowered.

DUANE L. SMITH. SVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/ //2002

Date

704-388-2460

Daytime Phone #

STF FL32381F.1

SIGNATURE: