

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003284

Entity Name: AIRCOA GP CORPORATION

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

5775 DTC BOULEVARD  
SUITE 315  
GREENWOOD VILLAGE, CO 80111 US

## New Principal Place of Business:

## Current Mailing Address:

5775 DTC BOULEVARD  
SUITE 315  
GREENWOOD VILLAGE, CO 80111 US

## New Mailing Address:

FEI Number: 51-0381554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

|              |                                 |            |
|--------------|---------------------------------|------------|
| Title:       | PD                              | ( ) Delete |
| Name:        | UNDERHILL, PAUL T               |            |
| Address:     | 145 WEST 44TH STREET, 6TH FLOOR |            |
| City-St-Zip: | NEW YORK, NY 10036 US           |            |
| Title:       | AS                              | ( ) Delete |
| Name:        | MONTEGNA, CATHERINE B           |            |
| Address:     | 5775 DTC BOULEVARD, SUITE 315   |            |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 US  |            |
| Title:       | VSD                             | ( ) Delete |
| Name:        | BOLL, LYLE L                    |            |
| Address:     | 5775 DTC BOULEVARD, SUITE 315   |            |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 US  |            |
| Title:       | V                               | ( ) Delete |
| Name:        | KOLAR, DAVID M                  |            |
| Address:     | 5775 DTC BOULEVARD, SUITE 315   |            |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 US  |            |
| Title:       | V                               | ( ) Delete |
| Name:        | KINNEAR, ROBIN A                |            |
| Address:     | 163 EAST WALTON STREET          |            |
| City-St-Zip: | CHICAGO, IL 60611 US            |            |
| Title:       | D                               | ( ) Delete |
| Name:        | CHAN, FOOK K                    |            |
| Address:     | 145 WEST 44TH STREET, 6TH FLOOR |            |
| City-St-Zip: | NEW YORK, NY 10036 US           |            |

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

|              |                         |
|--------------|-------------------------|
| Title:       | ( ) Change ( ) Addition |
| Name:        |                         |
| Address:     |                         |
| City-St-Zip: |                         |
| Title:       | ( ) Change ( ) Addition |
| Name:        |                         |
| Address:     |                         |
| City-St-Zip: |                         |
| Title:       | ( ) Change ( ) Addition |
| Name:        |                         |
| Address:     |                         |
| City-St-Zip: |                         |
| Title:       | ( ) Change ( ) Addition |
| Name:        |                         |
| Address:     |                         |
| City-St-Zip: |                         |
| Title:       | ( ) Change ( ) Addition |
| Name:        |                         |
| Address:     |                         |
| City-St-Zip: |                         |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE B. MONTEGNA

AS

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date