FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F98000003589 1. Entity Name AIRCRAFT 23377, 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. DO NOT WRITE IN THIS SPACE **SUITE #403** NC1-021-02-20 City & State City & State 4. FEI Number **Applied For** MIAM! FL CHARLOTTE NC 65-0845243 Not Applicable Country Country Zip \$8.75 Additional 33180 28255 5. Certificate of Status Desired Mecklenburg Fee Required 7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM **DO NOT WRITE** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD IN THIS SPACE Zip Code **PLANATION** 33324 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. -30-2002 DALE W. MORRIS nonn SIGNATURE ASSISTANT VICE PRESIDENT
applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Tax filing requirement and elects to do so 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 1me DIR / PRES TITLE NAME ANTHONY M. HAGEN MAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE SVP mie REINSTATEMENT 2001 2002 NAME DUANE L. SMITH NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - 7IP **CHARLOTTE NC 28255** CITY - ST - 71P TITLE VΡ THIF NAME DANIEL CHAIR NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS DO NOT WRITE CITY - ST - ZIP **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 TITLE 300008136983 NAME ROBERT A. KEYES, JR. -₁₀/01/02--01052--019 NAME 401 N TRYON ST NC1-021-02-20 STREET ADDRESS STREET ADDRESS **20700.00 ****900.00 CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TITLE NAME MAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

DUANE L. SMITH, SVP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/

704-388-2460

Daytime Phone #

SIGNATURE: