## FOR PROFIT CORPORATION

THE ENGINEERING **UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # F98000003590 SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS AIRCRAFT 20622, 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 Applied For City & State 4. FEI Number MIAMI FL CHARLOTTE NC 65-0845240 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33180 28255 Mecklenburg Fee Required 7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD DO NOT WRITE IN THIS SPACE City **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. -30-2007 DALE W. MORRIS nous **ASSISTANT VICE PRESIDENT** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS **DIR / PRES** TITLE ANTHONY M. HAGEN NAME 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CHARLOTTE NC 28255 CITY - ST - ZIP REINSTATEMENT SVP MLE DUANE L. SMITH NAME 401 N TRYON ST NC1-021-02-20 STREET ADDRESS

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHARLOTTE NC 28255 TITLE VP TITLE NAME **DANIEL CHAIR** NAME: STREET ADDRESS STREET ADDRESS 401 N TRYON ST NC1-021-02-20 DO NOT WRITE CITY - ST - ZIP CITY ST ZIP CHARLOTTE NC 28255 IN THIS SPACE TITLE SEC TITLE MARK W. ANDERSSON NAME NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CITY - ST - 7IP CHARLOTTE NC 28255 90000813706: TITLE TREA / CFO TITLE -10/01/02--01052--019 NAME ROBERT A. KEYES, JR. NAME \*\*20700.00 \*\*\*\*900.0**0** STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIF CITY - ST - ZIP CHARLOTTE NC 28255 TITLE TITLE NAME 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. SMITH, SVP 10/

704-388-2460

Daytime Phone #