FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000003603 1. Entity Name 02 OCT -1 PM 2: 07 AIRCRAFT 49263, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address REINSTATEM 20801 BISCAYNE BLVD **401 N TRYON ST** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPA **SUITE #403** NC1-021-02-20 City & State City & State 4. FEI Number Applied For MIAMI FL CHARLOTTE NC 59-3518274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33180 28255 Mecklenburg Fee Required 7. Name and Address of Current Registered Agent Name <u>CT CORPORATION SYSTEM</u> DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1200 SOÙTH PINE ISLAND RD IN THIS SPACE Zip Code FL **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. 9-30-2002 DALE W. MORRIS SIGNATURE ASSISTANT VICE PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01 TITLE **DIR / PRES** TITLE NAME ANTHONY M. HAGEN NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHARLOTTE NC 28255 TITLE SVP TITLE **DUANE L. SMITH** NAME NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CITY - ST - 71P CHARLOTTE NC 28255 TITLE VP TITLE **DANIEL CHAIR** NAME NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY - ST - ZIP **CHARLOTTE NC 28255** TITLE SEC IN THIS SPACE TITLE 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 600008137036 NAME ₋₁₀/01/02--01052--019 ROBERT A. KEYES, JR. NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS ****900.00 **20700.00 CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE TITLE NAME NAME 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. SIGNATURE: DUANE L. SMITH, SVP 10/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #