

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004062

1. Corporation Name

AIRPORT SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

11300 WEST 89TH ST.
OVERLAND PARK KS 66214

Mailing Address

11300 WEST 89TH ST.
OVERLAND PARK KS 66214

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90018 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

48-1099142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME CD
STOWELL JR, WALTER H
STREET ADDRESS 5255 S ATLANTIC AVE APT 1101
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ DELETE

NAME PD
COWAN, KEITH
STREET ADDRESS 11721 HIGH DRIVE
CITY-ST-ZIP LEAWOOD KS

TITLE ☐ DELETE

NAME SD
CARGIN, THOMAS C
STREET ADDRESS 912 WEST 121ST STREET
CITY-ST-ZIP KANSAS CITY MO

TITLE ☒ DELETE

NAME D
BLACKBURN, THOMAS C
STREET ADDRESS 6700 ANTIONCH PLAZA, STE 460
CITY-ST-ZIP OVERLAND PARK KS

TITLE ☐ DELETE

NAME D
TAYLOR, ROBERT D
STREET ADDRESS 1313 N WEBB DRIVE STE 150 1600 Airport Rd
CITY-ST-ZIP WICHITA KS 67209 Mid-Continent Airport

TITLE ☐ DELETE

NAME D
MEYER, MICHAEL J
STREET ADDRESS 4200 SOMERSET, STE 242 8700 MONROVIA, STE. 205
CITY-ST-ZIP PRINCE VILLAGE KS LEWEXA, KS 66215

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Director
1.3 STREET ADDRESS David D. Gatchell
1.4 CITY-ST-ZIP 1011 W. 103rd St.
Kansas City, MO 64114

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)