## 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 # F9800004395

1. Corporation Name

AIRSYS ATM, INC.

23501 WEST 84TH STREET

SHAWNEE KS 66227

	l	
Principal	Place of Business	

Mailing Address

23501 WEST 84TH STREET SHAWNEE KS 66227

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90030 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/03/1998

2. Princ	ipal Pl	lace of Business	2a. Mailing	Address	<del>_</del>			4. FEI Number	Apr	lied For	
21	1		26					43-1785962	Not	Applicable	
	Apt.	#. etc.		Apt. #, etc.					\$8.75 A	dditional	
22	27						5. Certifcate of Status Desired	Fee Red	quired		
City	& State	B 2 2 2	City's	State			_ *~	6. Election Campaign Financing	\$5.00	May Be	
23	]	-	28					Trust Fund Contribution	Added to		
Zip	<del></del>	Country	Zip		Country			8. This corporation owes the current year Inta	naible		
24	i	25	29	30	ה ה			Personal Property Tax.		XINo	
27	<del>-</del>	9. Name and Address of Current	11		<del>-</del>			10. Name and Address of New Registered A	\gent		
· · · · · · · · · · · · · · · · · · ·						B1 Name					
C T CORPORATION SYSTEM					and Charles (D.C. D. All has in Not Assessable)						
	1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
	PLAN	ITATION FL 33324			83	83					
	! -										
	1	• '			84	City		FI	85 Zip C	ode	
44 -	1			Clasida Chatutaa	<u></u>	namad		· -	hanging its	registered	
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											
age	ent. I a	m familiar with, and accept the obligation	ons of, Section	n 607.0505, Florida	a Statutes.						
SIGNAT	ΓŮRE	Elder own other within									
	!	Signature, typed or printed name of registered agent		<del></del>		t signature r	required w	ADDITIONS/CHANGES TO OFFICERS AN	n DIRECTO	28 IN 12	
12.	!	OFFICERS ANI	DIRECTORS	DELETE	13.		T 7 7	ADDITIONS/OTTANGES TO GIT IDENG AN	Change	Addition	
TITLE		PD DELL DEN		□ DELETE			V			<b>X</b> -3	
NAME	: 1	SANDZER-BELL, BEN			1.2 NAME			en, Greg			
STREET AD	DORESS	23501 WEST 84TH STREET			1.3 STREET	ADDRESS	235	01 West 84th St.		]	
CITY-ST-Z	IP.	SHAWNEE KS 66227		N-1	1.4 CITY-ST	T-ZIP	Sha	wnee, KS 66227	Change	1971 Addition	
TITLE	i	V		▼ DELETE	2.1 TITLE		V		□ Change	<b>₹</b> Addition	
NAME	:	FORGET, JEAN			2.2 NAME		Ben	iton, Burt			
STREET AL	DDRESS	23501 WEST 84TH STREET			2.3 STREET	ADDRESS	235	01 West 84th St.		ļ	
CITY-ST-Z	IP.	SHAWNEE KS 66227			2. 4 CITY-5	T-ZIP	Shaw	mee, KS 66227			
TITLE		\$		DELETE	3.1 TITLE ~		T	, no 3011, 12, 3	☐ Change	Addition	
NAME	!	MCGARRAHAN, ROGER K			3.2 NAME		Man	ion, Patrićia		1	
STREET AL	DRESS	23501 WEST 84TH STREET			3.3 STREET	ADDRESS	235	01 West 84th St.			
CITY-ST-Z	JP.	SHAWNEE KS 66227			3.4. CITY-\$	T-ZIP	Sha	wnee, KS 66227			
TITLE		D		₩ DELETE	4.1 TITLE		D		Change	Addition X	
NAME	1	COLAMS, OLIVIER			4. 2 NAME		Gav	et, Francois		}	
STREET AL	DRESS	23501 WEST 84TH STREET			4.3 STREET	ADDRESS	, -	-			
CITY-ST-Z	1P.	SHAWNEE KS 66227			4.4 CITY-ST	r-zip	Ale	Canal Center Plaza Exandria, VA 22314			
TITLE	1	D		☐ DELETE	5.1 TITLE		D		Change	X Addition	
NAME	1	MATHIEU, MICHEL			5.2 NAME		McG	Guinness, Patrick			
STREET AL	DORESS	23501 WEST 84TH STREET			5.3 STREET	ADDRESS	130	l Avenue of the Americas			
CITY-ST-Z	!	SHAWNEE KS 66227			5.4 CITY-ST	r-ZIP	New	York, NY 10019			
TITLE	i	D		☐ DELETE	6.1 TITLE	·- ·			Change	☐ Addition	
NAME		MOSES, WILLY			6.2 NAME			•			
STREET AL	DORESS	23501 WEST 84TH STREET			6.3 STREET	ADDRESS					
CITY-ST-Z	i i	SHAWNEE KS 66227			6.4 CITY-ST	r-zip				-	
UNI-SI-Z	JI",	VIDITILE IN OUZE!					11-0-	etian 440.07/3\(ii) Elerida Statutan I further cont		famatian	

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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: