

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000004811

1. Entity Name
AIRCRAFT 373, INC.

FILED

02 SEP 13 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**20801 BISCAYNE BLVD.
SUITE #403
MIAMI FL 33180**

3. Mailing Address
401 N TRYON ST

Suite, Apt. #, etc.
NC1-021-02-20

City & State
CHARLOTTE

Zip
28255

Country
Mecklenburg

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3535408

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD

City
PLANTATION FL Zip Code
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.

SIGNATURE *Dale W. Morris* **DALE W. MORRIS**
Assistant Vice President

9-11-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
DIR / PRES
NAME
ANTHONY M. HAGEN
STREET ADDRESS
401 N TRYON ST NC1-021-02-20
CITY - ST - ZIP
CHARLOTTE NC 28255

TITLE
300008018423--4
NAME
-09/25/02--01058--014
STREET ADDRESS
****22500.00 ****900.00**
CITY - ST - ZIP

TITLE
SVP
NAME
DUANE L. SMITH
STREET ADDRESS
401 N TRYON ST NC1-021-02-20
CITY - ST - ZIP
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
VP
NAME
DANIEL CHAIR
STREET ADDRESS
401 N TRYON ST NC1-021-02-20
CITY - ST - ZIP
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
SEC
NAME
MARK W. ANDERSSON
STREET ADDRESS
401 N TRYON ST NC1-021-02-20
CITY - ST - ZIP
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
TREA / CFO
NAME
ROBERT A. KEYES, JR.
STREET ADDRESS
401 N TRYON ST NC1-021-02-20
CITY - ST - ZIP
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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* **Duane L. Smith, SVP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/2002 704-388-2460
Date Daytime Phone #

CR2E034B (12/01)

900