

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J66098 (1)**  
 1. Corporation Name  
**ALTAIR, INC.**



Principal Place of Business: **FRANKLIN COUNTY AIRPORT RD 2 BOX 279 SWANTON VT 05488**  
 Mailing Address: **FRANKLIN COUNTY AIRPORT RD 2 BOX 279 SWANTON VT 05488**

3. Date Incorporated or Qualified: **04/08/1987**      3a. Date of Last Report: **06/15/1995**  
 4. FEI Number: **52-1517367**      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 has liability for intangible tax under s. 199.03, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24      Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29      Country: 30

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
 1201 HAYES STREET  
 TALLAHASSEE FL 32301**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | ROULEAU, PIERRE         |                                 |
| STREET ADDRESS | 185 RT 137              |                                 |
| CITY-ST-ZIP    | STE CECILE DE MILTON QC |                                 |
| TITLE          | STD                     | <input type="checkbox"/> DELETE |
| NAME           | BOILEAU, ROGER          |                                 |
| STREET ADDRESS | 185 ROUTE 137           |                                 |
| CITY-ST-ZIP    | STE CECILE DE MILTON QC |                                 |
| TITLE          | VD                      | <input type="checkbox"/> DELETE |
| NAME           | POIRER, GUY             |                                 |
| STREET ADDRESS | 185 RT 1378             |                                 |
| CITY-ST-ZIP    | STE CECILE DE MILTON QC |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/96

CRE034 (3/96)