2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54298

Address:

City-St-Zip:

4910 CATHEDRAL WAY

TITUSVILLE, FL 32780

Entity Name: AIR TRAFFIC SERVICES INC

FILED Jun 24, 2009 Secretary of State

| Entity Nai | me: AIR IRA | FFIC SERVICES INC. | | | |
|--|---|----------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 85 W MICHIGAN STREET ORLANDO, FL 328392010 US | | | 82487 TRADEPORT D ORLANDO, FL 32824 | R#800 US | |
| Current M | lailing Addres | ss: | New Mailing Address | New Mailing Address: | |
| PO BOX 5 ORLANDO | 60297), FL 32856 | US | PO BOX 621718 ORLANDO, FL 32862 | US | |
| FEI Number: | : 59-2994199 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 85 W MICH | EORGE C HIGAN STREE), FL 32806 | T US | THEILE, GEORGE C 2487 TRADEPORT DR ORLANDO, FL 32824 | 2487 TRADEPORT DR # 800 | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | 06/24/2009 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CEO (THEILE, GEOF 1648 TAYLOR PORT ORANG | RD STE 117 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | P (THEILE, LINDA PO BOX 56866 ORLANDO, FL | 31 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | EVP (DEARBORN, L |) Delete ANCE E | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LANCE DEARBORN EVP 06/24/2009