2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # M0000001043 04-10-2002 90017 031 ****50.00 AIR TRANSPORT INTERNATIONAL LIMITED LIABILITY CO **MPANY** Principal Place of Business Mailing Address IPKGPan ONE CANTRELL CENTER ONE CANTRELL CENTER 2000 CANTRELL 2800 CANTRELL LITTLE ROCK AR 72202 LITTLE ROCK AR 72202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1698134 Not Applicable Zip Country Zin \$5.00 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent. Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE ☐ Defete TITLE ☐ Change ■ Addition (9/01 BAX GLOBAL INC. NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS 16808 ARMSTRONG AVENUE CITY-ST-71P CITY-ST-ZIP IRVINE_CA 92623 Delete ☐ Change TITLE TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE. - Change -- - Addition-TITLE Polete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: Colete - E Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Davtime Phone #