

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90021 036 \*\*\*50.00

**DOCUMENT # M00000001043**

1. Entity Name

**AIR TRANSPORT INTERNATIONAL LIMITED LIABILITY CO  
MPANY**



Principal Place of Business

ONE CANTRELL CENTER  
2800 CANTRELL  
LITTLE ROCK AR 72202

Mailing Address

ONE CANTRELL CENTER  
2800 CANTRELL  
LITTLE ROCK AR 72202

*c/o The Pittston Company  
1801 Bayberry Ct.  
P.O. Box 18100  
Richmond, VA 23226*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**THE PITSTON COMPANY  
1801 BAYBERRY COURT  
P.O. BOX 18100  
RICHMOND, VA 23226-8100**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**62-1698134**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **BAX GLOBAL INC.**  
STREET ADDRESS **16800 ARMSTRONG AVENUE**  
CITY-ST-ZIP **IRVINE CA 92623**

TITLE ☒ Change ☐ Addition  
NAME **440 Exchange**  
STREET ADDRESS **Irvine, CA 92602**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **James L. Hobson Jr.**  
CITY-ST-ZIP **One Cantrell Ctr. 2800 Cantrell  
Little Rock, AR 72202**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Vice President**  
STREET ADDRESS **Cynthia C. Treadwell**  
CITY-ST-ZIP **One Cantrell Ctr. 2800 Cantrell  
Little Rock, AR 72202**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Secretary**  
STREET ADDRESS **Doy J. Cooke**  
CITY-ST-ZIP **One Cantrell Ctr. 2800 Cantrell  
Little Rock, AR 72202**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Treasurer**  
STREET ADDRESS **James B. Hartough**  
CITY-ST-ZIP **1801 Bayberry Ct. P.O. Box 18100  
Richmond, VA 23226**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Asst. Treasurer**  
STREET ADDRESS **Genevieve Murtaugh**  
CITY-ST-ZIP **1801 Bayberry Ct. P.O. Box 18100  
Richmond, VA 23226**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3/17/03*

CR2E083 (10/02)