

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N29282****1. Entity Name****AIRPORT MINORITY ADVISORY COUNCIL CORP.****Principal Place of Business****Mailing Address**1800 DIAGONAL ROAD
SUITE 210
ALEXANDRIA
22314

VA

US

1800 DIAGONAL ROAD
SUITE 210
ALEXANDRIA
22314

VA

US

2. Principal Place of Business

2800 SHIRLINGTON ROAD

3. Mailing Address

2800 SHIRLINGTON ROAD

Suite, Apt. #, etc.

SUITE 940

Suite, Apt. #, etc.

SUITE 940

City & State

ALEXANDRIA

VA

City & State

ALEXANDRIA

VA

Zip

22206

Country

US

Zip

22206

Country

US

4. FEI Number**62-1398266****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentEMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET

MIAMI

33130

US

FL

7. Name and Address of New Registered Agent**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstalling)

08/02/2001

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing
Trust Fund Contribution.****\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	2VCD	<input type="checkbox"/> Delete
NAME	STEWART SYLVIA	
STREET ADDRESS	JACKSON INT	
CITY-ST-ZIP	JACKSON MS 392988109	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMICHAEL JERRY	
STREET ADDRESS	2491 WINCHESTER ROAD, STE 113	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MOORE LINDA	
STREET ADDRESS	4610 N LINDBERGH BLVD, STE 260	
CITY-ST-ZIP	BRIDGETON MO 63044	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT CAROLINE	
STREET ADDRESS	JACKSON INT	
CITY-ST-ZIP	JACKSON MS 392988109	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MOORE-STUMP ELIZABETH	
STREET ADDRESS	PORT OF SAN DIEGO	
CITY-ST-ZIP	SAN DIEGO CA 921120488	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER RUTH	
STREET ADDRESS	2800 SHIRLINGTON ROAD, SUITE 940	
CITY-ST-ZIP	ALEXANDRIA VA 22206	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON JAMES	
STREET ADDRESS	2800 SHIRLINGTON ROAD, SUITE 940	
CITY-ST-ZIP	ALEXANDRIA VA 22206	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT WILLIAM	
STREET ADDRESS	2800 SHIRLINGTON ROAD, SUITE 940	
CITY-ST-ZIP	ALEXANDRIA VA 22206	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER BARBARA	
STREET ADDRESS	2800 SHIRLINGTON ROAD, SUITE 940	
CITY-ST-ZIP	ALEXANDRIA VA 22206	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE LINDA	
STREET ADDRESS	2800 SHIRLINGTON ROAD, SUITE 940	
CITY-ST-ZIP	ALEXANDRIA VA 22206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**

James Wilson

TD

08/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)