

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40658

FILED
Jul 23, 2008
Secretary of State

Entity Name: NATIONAL AIRCRAFT RESALE ASSOCIATION, INC.

Current Principal Place of Business:

320 KING STREET
STE 250
ALEXANDRIA, VA 22314 US

New Principal Place of Business:

Current Mailing Address:

320 KING STREET
STE 250
ALEXANDRIA, VA 22314 US

New Mailing Address:

FEI Number: 65-0240338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: JORDAN, PHILIP
Address: 5007 AIRPORT ROAD
City-St-Zip: DENTON, TX 76207

Title: PD () Delete
Name: SHEETS, SUSAN L
Address: 320 KING ST. STE 250
City-St-Zip: ALEXANDRIA, VA 22314

Title: TD () Delete
Name: ZABXAR, MICHAEL
Address: 7312 SUMMITVIEW DR.
City-St-Zip: IRVING, TX 75063

Title: VD () Delete
Name: O'KEEFFE, MICHAEL
Address: 1635 NORTHWEST 51ST PLACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD () Delete
Name: ELLIS, MIKE
Address: 540 AVIATOR DR.
City-St-Zip: FORT WORTH, TX 76179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ZABKAR, MICHAEL
Address: 7312 SUMMITVIEW DR.
City-St-Zip: IRVING, TX 75063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN L SHEETS

PD

07/23/2008

Electronic Signature of Signing Officer or Director

Date