2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073042

FILED Mar 03, 2009 Secretary of State

Entity Name: AIRCRAFT RESCUE AND FIRE FIGHTING TECHNICAL SERVICES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 501 E BROADWAY 501 EAST BROADWAY RED LION, PA 17356 RED LION, PA 17356 **Current Mailing Address: New Mailing Address:** 501 E BROADWAY 501 EAST BROADWAY RED LION, PA 17356 RED LION, PA 17356 FEI Number: 59-3671753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANNAN, SHARON CPA 161 N MAIN ST. WILLISTON, FL 32696 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WRIGHT, JOSEPH A SR. WRIGHT, JOSEPH A SR. Name: Name: 501 E BROADWAY 501 EAST BROADWAY Address: Address: City-St-Zip: RED LION, PA 17356 City-St-Zip: RED LION, PA 17356 Title: STVP Title: STVP (X) Change () Addition () Delete Name: WRIGHT, KAREN B Name: WRIGHT, KAREN B 501 E BROADWAY 501 EAST BROADWAY Address: Address: RED LION, PA 17356 RED LION, PA 17356 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ZORZI, WENDY Name: Name: 209 BUCKET POST COURT Address: Address: City-St-Zip: BEL AIR, MD 21014 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition WRIGHT, JOSEPH JR. WRIGHT, JOSEPH JR. Name: Name: Address: 501 E BROADWAY Address: 501 EAST BROADWAY City-St-Zip: City-St-Zip: RED LION, PA 17356 RED LION, PA 17356

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.

SIGNATURE: KAREN WRIGHT VP 03/03/2009