

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90033 031 ***150.00

0505181 AT

DOCUMENT # P16462

1. Entity Name

COMAIR SOUTH, INC.

Principal Place of Business

P.O. BOX 75021
 CINCINNATI OH 45275
 US

Mailing Address

P.O. BOX 75021
 CINCINNATI OH 45275
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1030 DELTA BLVD

Dept # 852

ATLANTA, GA

30354

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1010394

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST
 STE 105
 TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: C
 NAME: MUELLER, DAVID R.
 STREET ADDRESS: 2258 TOWER DRIVE
 CITY-ST-ZIP: ERLANGER KY ☐ Delete

TITLE: AT
 NAME: BUCKLEY, ROBERT J
 STREET ADDRESS: 1030 DELTA BLVD DEPT 852
 CITY-ST-ZIP: ATLANTA GA 30320-5852 ☐ Delete

TITLE: SRV
 NAME: CURRAN, CHARLES E.
 STREET ADDRESS: 2258 TOWER DRIVE
 CITY-ST-ZIP: ERLANGER KY ☐ Delete

TITLE: VP
 NAME: MARSHALL, KENNETH
 STREET ADDRESS: 2258 TOWER DRIVE
 CITY-ST-ZIP: ERLANGER KY ☐ Delete

TITLE: VP
 NAME: MARTIN, RALPH
 STREET ADDRESS: 2258 TOWER DRIVE
 CITY-ST-ZIP: ERLANGER KY ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 NAME: ☐ Change ☐ Addition
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 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002 404-715-5013
 Date Daytime Phone #

CR2E034 (9/01)