2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20101 May 18, 2000 8:00 am Secretary of State 1. Entity Name WORLD DUTY FREE INFLIGHT, INC. 05-18-2000 90315 011 ***150.00 Principal Place of Business Mailing Address **BAYMEADOW DRIVE** 6691 BAYMEADOW DRIVE CLESS BURNIE MD 21060 GLEN-BURNIE MD 21060-6424* 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3333615 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Foo Roquired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEMS INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change **X** Addition TITI F TITLE Delete CATHEY, PETER Steven Longdon ittlewood, Pylettill NAME NAME STREET ADDRESS 63 COPPS HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RIDGFIELD CT Delete TITLE TITLE BISHOP, JUDI NAME STREET ADDRESS STREET ADDRESS 63 COPPS HILL ROAD CITY-ST-ZIE CITY-ST-ZIP RIDGEFIELD CT ☐ Change Addition TITLE ☐ Delete CAPUTO, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 35 OLD WASHINGTON RD CITY-ST-ZIP CITY-ST-ZIP RIDGEFIELD CT Addition ☐ Delete TITLE Change TITLE HINKLE, II KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 161 OAK HILLS DR CITY-ST-ZIP CITY-ST-ZIP HANOVER PA 17331 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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

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