FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:33

DOCUMENT # **P20601** (1)

1. Corporation Name
BEECH AEROSPACE SERVICES, INC.

Principal Place of Business	Mailing Address
555 INDUSTRIAL DR., SO. MADISON MS 39110-6073	555 INDUSTRIAL DR., SO. MADISON MS 39110-6073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/24/1988**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **11-2208712** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, JAMES E.	12 NAME	
STREET ADDRESS	9 ST JAMES PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WALLACE, WAYNE W.	22 NAME	
STREET ADDRESS	7524 E 10TH ST CR	23 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	GRAFTON, DANIEL A.	32 NAME	
STREET ADDRESS	211 COACHMAN'S ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	PAUL R. EVERHARDT	42 NAME	
STREET ADDRESS	505 ARBOR DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BLECK, MAX E.	52 NAME	
STREET ADDRESS	3820 N ANDOVER ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WICHITA MS	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	ARTHUR E. WEGNER,	62 NAME	
STREET ADDRESS	540 N. TARA LANE	63 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X James E Gray — 5-22-95 — (316)676-7945
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0407760 FN