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Domestication	Dissolution/Withdrawal	
Other	Merger	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/- QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
<u> </u>	Trademark
	Other

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Examiner's Initials	-	
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Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502. 607.1508, or 617.1508. Fl	orida Statutes, the
undersigned corporation organized under the laws of the State of Virginia	<u> </u>
submits the following statement in order to change its registered office or registered ag	ent, or both, in the
State of Florida.	
1. The name of the corporation is: AIR CARRIER SERVICES, INC.	
2. The mailing address of the corporation is: 45025 Aviation Dr., Ste 3	50
Dulles, VA 20166	-
3. Date of incorporation/qualification: 2/24/89 Document number:	P23135
4. The name and address of the current registered agent and office:	<u>.</u> 날
Larry Wolfe	<u>=</u> .
200 A John Knox Rd	= - Z
Tallahassee, FL 32303-6643	991 ECH
5. The name and address of the new registered agent and office: (P. O. Box Not Accept	able 3
Corporation Service Company	1 5 E
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	ce of its registered
Such change was authorized by resolution duly adopted by its board of directors of authorized by the board.	r by an officer so
Maurelliet Siller Assistant Secretary 3/0	15/99
	Date)
Dawn Elliott Cakley Assistant Sevetary 3	125/99
(Printed or typed name and tale)	(Date)' hove stated
Having been named as registered agent and to accept service of process for the acceptoration, I hereby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my	and complete
registered agent. Corporation Service Company	ō~
By: 3-29-	7.7
(Signature of Registered Agent)	-
If signing on behalf of an entity: ASST. VICE PRESIDENT	-
(Typed or Printed Name) (Capacit	ý)