


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90032 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P23135 1. Corporation Name AIR CARRIER SERVICES, INC.					
Principal Place of Business 45025 AVIATION DR STE 350 DULLES VA 20166 US			Mailing Address 45025 AVIATION DR STE 350 DULLES VA 20166 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/24/1989 4. FEI Number 54-1464605 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643			10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 84 City TALLAHASSEE FL 85 Zip Code 32301		
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 <i>Gonyard Cordell, auth rep.</i> DATE 4/28/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP VD IVEY, ANTHONY D 45025 AVIATION DR, STE 350 DULLES VA 20166			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP V BRANEY, MICHAEL F 45025 AVIATION DR, STE 350 DULLES VA 20166			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP EVPD DEASY, PATRICK D 45025 AVIATION DR, STE 350 DULLES VA 20166			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP PD DEDEKIND, MILAGROS M. 45025 AVIATION DR, STE 350 DULLES VA 20166			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP V HODGES, KENNETH E 45025 AVIATION DR, STE 350 DULLES VA 20166			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP V RODRIGUEZ, WILLIAM J 45025 AVIATION DR, STE 350 DULLES VA 20166			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

Don Elliott Oakley
SGL
OFFICER OR DIRECTOR

ASSIST. SEC.

4/23/99
Date

703 742 4331
Daytime Phone #

CR2E034 (1/98)

544912-90032-30

AIR CARRIER SERVICES, INC.
FILE # P23135

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ATTACHMENT TO **FLORIDA** ANNUAL REPORT 1999

12A ADDITIONAL OFFICERS AND DIRECTORS

<u>Office/Title</u>	<u>Name and Address</u>
VP	Joseph P. Drago, 45025 Aviation Dr, Suite 350, Dulles, VA 20166
D/S/T	John H. Saunders, 45025 Aviation Dr, Suite 350, Dulles, VA 20166
AS	Dawn Elliott Oakley, 45025 Aviation Dr, Suite 350, Dulles, VA 20166
A T	Patrick W Donahoe, 45025 Aviation Dr, Suite 350, Dulles, VA 20166