

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90134 048 ***150.00

DOCUMENT # P23135

1. Entity Name

AIR CARRIER SERVICES, INC.

Principal Place of Business

Mailing Address

45025 AVIATION DR
 STE 350
 DULLES VA 20166

45025 AVIATION DR
 STE 350
 DULLES VA 20166-7514
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1464605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST
 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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	IVEY, ANTHONY D	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRANEY, MICHAEL F	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	DEASY, PATRICK D	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEDEKIND, MILAGROS M.	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HODGES, KENNETH E	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, WILLIAM J	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	

TITLE	D/ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, JOHN H.	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES, VA 20166	
TITLE	EVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODENMANN, ERICH	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES, VA 20166	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAGO, JOSEPH P.	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES, VA 20166	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OAKLEY, DAWN	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES, VA 20166	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILNER, LINDY	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES, VA 20166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 703-742-4331

CR2E034 (9/99)