

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 AM 10:50

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P25955			
1. Entry Name OMNIFLIGHT HELICOPTERS, INC.			
Principal Place of Business 4650 AIRPORT PARKWAY ADDISON, TX 75001 US		Mailing Address 4650 AIRPORT PARKWAY ADDISON, TX 75001 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 75-2192527		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title (if applicable)		DATE _____ (NOTE: Registered Agent Signature required when registering)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PCD	☐ Delete	
NAME	PARKER, JOANN		
STREET ADDRESS	4650 AIRPORT PKWY		
CITY-STATE-ZIP	ADDISON, TX 75001		
TITLE	EVPD	☒ Delete	
NAME	SHRIEVES, JOHN		
STREET ADDRESS	4650 AIRPORT PKWY		
CITY-STATE-ZIP	ADDISON, TX 75001		
TITLE	SVP	☐ Delete	
NAME	CROWELL, GAYLAN A		
STREET ADDRESS	4650 AIRPORT PKWY		
CITY-STATE-ZIP	ADDISON, TX 75001		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like employees.			
SIGNATURE: <i>Joann Parker</i>		5/7/02 972776 0130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E03A (10/02)

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 05-08-03

NAME: OMNIFLIGHT HELICOPTERS, INC.

TYPE OF FILING: 2003 UBR

COST: 158.75

RETURN: GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge