2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 10, 2001 8:00 am DOCUMENT # P93006012195 **Secretary of State** 05-17-2001 91333 039 ***158.75 AIRPORT INTEGRATED SYSTEMS, INC. Principal Place of Business Mailing Address 5480 SOUTH QUEDEC ST 5400-SOUTH-QUEBEC-ST OTE-220-CTE_220 ENGLEWOOD CO-90111 ENGLEWOOD CO 90111 2. Principal Place of Business 3. Mailing Address 3561 South 3561 South Ousber Street Quebec Stra Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0488174 Co Co Danver Denuer Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 80237 125 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) Sauth Pine T GRAFF, JAY-D 5170 LITTLE BETH OR N-BOYNTON-BCH FL 33407 City Plant ation 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 Fiorida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Chief Exec. Officer Delete Chief Exec. Officer TITLE TITLE Change HABECK, JENNIFER L NAME NAME 5460-3 QUEBEE ST., SUITE-330 South Queber Street STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 80111 CITY-ST-7IP CITY-ST-ZIP De Presitent TITLE TITLE ☐ Delete President ☐ Addition HABECK, DUANE A NAME NAME 3561 South Quaber 540-S-QUEBEE ST., SUITE-890 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 80111 CITY-ST-ZIP CITY-ST-ZIP 80237 TITLE TITLE ☐ Change ☐ Õelete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

720-482-6756