2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P96000071917 M & D AIRCRAFT LEASING, INC. 04-25-2001 90178 026 ***150.00 Principal Place of Business Mailing Address 4015 REID ST. 303 N. HIGH ST. BUILDING K DELAND FL 32720 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3398292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUNDERLAND, EDWINA H Street Address (P.O. Box Number is Not Acceptable) 303 N. HIGH STREET DELAND FL 32720 City 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's gnature required when reinstating) STAC FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition TITLE ROUSE, MICHAEL H NAME NAME 1701 AIRPORT TERMINAL DR. STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7(P DELAND FL 32724 Delete Change Addition TITLE TIT1 F COX, DAVID M NAME NAME 12538 LAKEVIEW LANE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CLERMONT FL 34711 TITLE ☐ Delete TITLE ☐ Change Addition SUNDERLAND, EDWINA H NAME NAME 303 N. HIGH ST. STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 empowerec.

CITY-ST-ZIP

CITY-ST-7IP

CR2E034 (10/00)