06-13-2000 90054 036 ***150:00 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000006823 00 JUN 30 AM 9: 31 1. Entity Name SECRETARY OF STATE TALLAHASSEE FLORIDA PROFESSIONAL AIRCRAFT ACCESSORIES, INC. Mailing Address Principal Place of Business 660903 45025 AVIATION DRIVE 3400 LILLIAN BLVD **SUITE 300** TITUSVILLE FL 32780 DULLES VA 20166-7556 O 3. Mailing Address 2. Principal Place of Business 45025 AVIATION DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 400 City & State City & State 4, FEI Number Applied For DULLES VA 59-2294305 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 20166-7516 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code , FŁ 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 13 3 4 5 FILE NOWILL FEE 18,\$150:00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE Change ☐ Addition TITI F NAME ROBERT BIAL NAME STREET ADDRESS STREET ADDRESS 3400 LILLIAN BLVD CITY - ST - ZIP CITY - ST - ZIF TITUSVILLE FL 32780 X Change TITLE V/D Addition א חוד Delete NAME WARREN D. PERSAVICH NAME STREET ADDRESS 45025 AVIATION DRIVE, STE 300 STREET ADDRESS 45025 AVIATION DRIVE. STE 400 D114 - ST - ZIP CITY - 57 - 21P DULLES VA 20166-7556 DULLES VA 20166-7516 X Delete TITLE Change TITLE NAUE JOHN:L:FLYNN ... NAME EUGENE W. JURIS STREET ADDRESS STREET ADORES 45025 AVIATION DRIVE, STE 300 45025 AVIATION DRIVE, STE 400 CITY - ST - ZIP QTY-ST-ZP DULLES VA 20166-7556 DULLES VA 20166-7516 Addition Delete TITLE CEO/D Change 1771 E NAME NAME THOMAS J. CHASTAIN. JR. STREET ADDRESS STREET ADDRESS 4694 AVIATION PARKWAY, STE K CITY - ST - ZIP CITY - ST - ZIP <u>ATLANTA GA 30349-6024</u> Delete X Change Addition me V/T/S TITLE T/5 NAME BRADLEY T. LOUGH NAME STREET ADDRESS 45025 AVIATION DRIVE, STE 300 STREET ADDRESS 45025 AVIATION DRIVE, STE 400 CITY - ST - ZP CITY - ST - ZIP **DULLES VA 20166-7556 DULLES VA 20166-7516** TITLE Change Addition TITLE Delete NAME JERRY E. COX NAME STREET ADDRESS STREET ADDRESS 4694 AVIATION PARKWAY, STE K CITY - ST - ZIP CITY - ST - ZIP ATLANTA GA 30349-6024 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 807, 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. 4/ ¹ 7/2000 703-478-59<u>08</u>

JOHN L. FLYNN

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



2000 UNIFORM-BUSINESS REPORT (UBR) DOCUMENT # P97000006823 Attachment to OFFICERS AND DIRECTORS CONTINUATION PAGE PROFESSIONAL AIRCRAFT ACCESSORIES, INC Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable 59-2294305 Zip Zio 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 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 6. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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. 12. Delete Change X Addition TITLE MLE JOHN M. DANIEL NAME NAME 45025 AVIATION DRIVE, STE 400 STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY-ST-ZP DULLES VA 20166-7516 Change X Addition TITLE TITLE Deteto NAME DONALD E. MILLER NAME STREET ADDRESS 45025 AVIATION DRIVE, STE 400 STREET ADDRESS CITY - ST - ZIP DULLES VA 20166-7516 CITY - ST - ZIP Delete TITLE TITLE NAME BRIAN'LAM" MALIF STREET ADDRESS STREET ADDRESS 45025 AVIATION DRIVE, STE 400 CITY - ST - ZIP CITY - ST - ZIP DULLES VA 20166-7516 Deleta TITLE nne Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete Addition MLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 807, 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 # STE FL32381F.1



The Fairchild Corporation

45025 Aviation Drive, Suite 400 Dulles, Virginia 20166-7516 703/478-5800 Direct Line 703-478-5971 Facsimile 703-478-5832 Email BTeboe@Fairchild.com <u> मुद्रारुप्तिक प्रतिक व स्थल है, वर नहीं तात्र तत्र वात्र व प्रतिकारण व स्थित । , तुन्द्र कृति । , तुन्द्र कृत</u>



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 Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Professional Aircraft Accessories, Inc.

Reference Number P97000006823

Notice of Late Fee Due for 2000 Uniform Business Report

Dear Sir or Madam:

We have received your notice stating the 2000 Uniform Business Report for the subject company has a balance due of \$400 and has not been filed by your office. The \$400 is a late fee for filing this report after May 1.

Florida Law §607.1622(2) states that "Proof of the satisfaction of the Department of State that on or before May 1 such report was deposited in the United States mail in a sealed envelope, properly addressed with postage prepaid, shall be deemed compliance with this requirement."

I have enclosed a copy of the certified mail receipts showing this report was filed on April 28, 2000. Therefore, we are in compliance with the timely filing requirement and no late fee is due. I respectfully request that you file the report as received.

Very truly yours,

Brenda S. Teboe Tax Staff Assistant

/bst/T00.06/Enclosures TDF: 109-F-275-00

Brenda S. Tabol.