2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000083274 CAPITAL CARGO AIRCRAFT LEASING, INC. 05-24-2000 90167 002 ***150.00 Principal Place of Business Mailing Address 6200 HAZELTINE NATIONAL DRIVE 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822-5114 ORLANDO FL 32822 DWYJH' 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For City & State City & State Not Applicable 59-3597292 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX, PETER F Street Address (P.O. Box Number is Not Acceptable) 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 Zip Code City F 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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 12. 11. \mathbf{P}_{r}^{r} ☐ Addition **C**Change TITLE ☐ Delete FOX. PETER F NAME NAME 6200 HAZELTINE NATIONAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP T ☐ Change X Addition ☐ Delete TITLE Correia, David E. 6200 Hazeltine National Drive NAME NAME STREET ADDRESS STREET ADDRESS Orlando, Florida 32822 CITY-ST-ZIE CITY-ST-7IP Addition Change TITLE TITLE ☐ Delete Golder, George A. NAME NAME 6200 Hazeltine National Drive Orlando, Florida 32822 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

SIGNATURE:

SOUTH TO THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00___

407-855 Doay