2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000106162 Mar 26, 2001 8:00 am Secretary of State AERO TRAINING SOLUTIONS, INCORPORATED 03-26-2001 90021 045 ***158.75 Principal Place of Business Mailing Address 13 BLEAU COURT 13 BLEAU COURT PALM COAST FL 32137 PALM COAST FL 32137 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 59-3621318 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/C TITLE ☐ Delete TITLE Change Addition DARBY, MICHAEL D NAME NAME 13 BLEAU COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP V/D TITLE Delete TITLE Change ☐ Addition LAURER, CHRISTOPHER W NAME NAME 252 DUBLIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition LIPINSKI, RAYMOND J NAME 704 CREEKWATER TERRACE, APT 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MOREHEAD, RANDALL W NAME NAME STREET ADDRESS 1221 STANLEY STREET STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition AMES, TERRENCE L NAME 5700 SOUTH SYLVAN LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP V/SD TITLE ☐ Delete TITLE Change ☐ Addition ZILINSKI, KENNETH G NAME NAME STREET ADDRESS 2055 WEST LEMON STREET STREET ADDRESS CITY-ST-7IP DELAND FL 32720 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR