

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005859

1. Entity Name
HYANNIS AIR SERVICE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90013 002 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business BARNSTABLE MUNICIPAL AIRPORT HYANNIS MA 02601	Mailing Address 660 BARNSTABLE RD HYANNIS MA 02601-1927 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 04-3005476	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAPE AIR
574 TERMINAL DRIVE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
W. Scott LaForge

Street Address (P.O. Box Number is Not Acceptable)
574 Terminal Drive

City
Naples FL 34104

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 **Scott LaForge, Exec. V.P.** 2/18/00
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 tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WOLF, DANIEL A 168 MAIN STREET NORTH HARWICH MA 02645	TITLE NAME STREET ADDRESS CITY-ST-ZIP CPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD WILSON, GRANT M 201 CONCORD ST. CARLISLE MA 01741	TITLE NAME STREET ADDRESS CITY-ST-ZIP XX Change <input type="checkbox"/> Addition 111 Pond Street Cohasset, MA 02025
TITLE NAME STREET ADDRESS CITY-ST-ZIP C GARDNER, WILFRED E 76 GARDEN RD WELLESLEY MA 02181	TITLE NAME STREET ADDRESS CITY-ST-ZIP XX Change <input type="checkbox"/> Addition S Thomas Raftery P.O. Box 550 Carlisle, MA 01741
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRICE, RUSSEL 272 WHISTLEBERRY DR MARSTONS MILLS MA 02645	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUENING, J D 1033 FEARRINGTON POST FEARRINGTON VILLAGE NC 27312	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D George P. Bauer 128 Dunning Road New Canaan, CT 06840

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 **Scott LaForge** 508-790-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)