

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000005859

FILED
Feb 26, 2003
Secretary of State

Entity Name: HYANNIS AIR SERVICE, INC.

Current Principal Place of Business:

BARNSTABLE MUNICIPAL AIRPORT
HYANNIS, MA 02601

New Principal Place of Business:

Current Mailing Address:

660 BARNSTABLE RD
HYANNIS, MA 02601 US

New Mailing Address:

FEI Number: 04-3005476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAFORGE, W. SCOTT
574 TERMINAL DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: WOLF, DANIEL A
Address: 168 MAIN STREET
City-St-Zip: HARWICH, MA 02648 US

Title: TD () Delete
Name: WILSON, GRANT M
Address: 111 POND ST
City-St-Zip: COHASSET, MA 02025

Title: S () Delete
Name: RAFTERY, THOMAS
Address: P O BOX 550
City-St-Zip: CARLISLE, MA 01741

Title: D () Delete
Name: PRICE, RUSSEL
Address: 272 WHISTLEBERRY DR
City-St-Zip: MARSTONS MILLS, MA 02645

Title: D () Delete
Name: LUENING, J D
Address: 1033 FEARRINGTON POST
City-St-Zip: FEARRINGTON VILLAGE, NC 27312

Title: D () Delete
Name: BAUER, GEORGE P
Address: 128 DUNNING RD
City-St-Zip: NEW CANAAN, CT 06840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A. WOLF

CPD

02/26/2003

Electronic Signature of Signing Officer or Director

_____ Date