## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400003874

Entity Name: DALLAS AIRMOTIVE, INC.

**Current Principal Place of Business:** 

900 NOLEN DRIVE SUITE 100

GRAPEVINE, TX 76051

**FILED** Apr 21, 2015 **Secretary of State** CC8625174396

## **Current Mailing Address:**

201 S. ORANGE AVE., SUITE 1100 ATTN: BBA TAX DEPT. ORLANDO, FL 32801 US

FEI Number: 75-2530158 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title ASST. SECRETARY BILLSON, MARGARET S GOLDSTEIN, JOSEPH I Name Name

Address 900 NOLEN DRIVE Address 201 S. ORANGE AVE., SUITE 1100

ATTN: BBA TAX DEPT. SUITE 100

**GRAPEVINE TX 76051** ORLANDO FL 32801 City-State-Zip:

City-State-Zip:

Title DIRECTOR, VP Title **TREASURER** STUBBS, MARK MOYER, MARK K Name Name

900 NOLEN DRIVE 900 NOLEN DRIVE Address Address

SUITE A SUITE A **GRAPEVINE TX 76051 GRAPEVINE TX 76051** City-State-Zip:

Title ASST. TREASURER CLICK, CHRISTA Name

201 S. ORANGE AVE., SUITE 1100 Address

ATTN: BBA TAX DEPT.

ORLANDO FL 32801 City-State-Zip:

I hereby 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 all other like empowered.

04/21/2015 SIGNATURE: CHRISTA CLICK ASSISTANT TREASURER