

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90039 045 ****70.00

DOCUMENT # N29282 1. Entity Name AIRPORT MINORITY ADVISORY COUNCIL CORP.			
Principal Place of Business 2800 SHIRLINGTON ROAD SUITE 940 ALEXANDRIA, VA 22206 US		Mailing Address 2800 SHIRLINGTON ROAD SUITE 940 ALEXANDRIA, VA 22206 US	
2. Principal Place of Business <i>Reagan Washington National Airport</i> Suite, Apt. #, etc. Hanger 3, Suite 217 City & State Washington, DC Zip 20001 Country US		3. Mailing Address <i>Reagan Washington National Airport</i> Suite, Apt. #, etc. Airport City & State Washington, DC Zip 20001 Country US	
03172006 Chg-NP CR2E037 (11/05)		4. FEI Number 62-1398266	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EMPIRE CORPORATE KIT COMPANY 348 WEST FLAGLER STREET MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VCD WILSON, JAMES C 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Reagan Washington National Airport</i> Washington, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDSAY, BRENDA 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Reagan Washington National Airport</i> Washington, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWIFT, WILLIAM 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Reagan Washington National Airport</i> Washington, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, PAULA 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Reagan Washington National Airport</i> Washington, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD FARRAR-LUTEN, NEDRA 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Reagan Washington National Airport</i> Washington, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Business Manager Donna Squires <i>Reagan Washington National Airport</i> Washington, DC 20001
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Donna L. Squires</u> DONNA L. SQUIRES 5/1/06 703 4172622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			