

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

SIGNATURE FLIGHT SUPPORT CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1094095**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 S ORANGE AVE STE 1100

CITY/ST/ZIP: ORLANDO, FL 32801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	S. MICHAEL SCHEERINGA	
TITLE:	CEO	
ADDRESS:	201 S ORANGE AVE, STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH I GOLDSTEIN	
TITLE:	VP/S	
ADDRESS:	201 S ORANGE AVE, STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARIA A SASTRE	
TITLE:	PRESIDENT	
ADDRESS:	201 S ORANGE AVE, STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARBARA A BRESNAN	
TITLE:	ASST TREASURER	
ADDRESS:	201 S ORANGE AVE STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD D RECTOR	
TITLE:	ASST TREASURER	
ADDRESS:	201 S ORANGE AVE. STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL MARCINIK	
TITLE:	ASST SECRETARY	
ADDRESS:	201 S ORANGE AVE, STE 1100	
CITY/ST/ZIP/CO:	ORLANDO, FL 32801	

NAME: SAMI TEITTINEN TITLE: CFO&TREASURER ADDRESS: 201 S ORANGE AVE, STE 1100 CITY/ST/ZIP/CO: ORLANDO, FL 32801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTA CLICK TITLE: ASST TREASURER ADDRESS: 201 S ORANGE AVE, STE 1100 CITY/ST/ZIP/CO: ORLANDO, FL 32801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY T. BANKOWITZ TITLE: ASST SECRETARY ADDRESS: 201 S ORANGE AVE, STE 1100 CITY/ST/ZIP/CO: ORLANDO, FL 32801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHRISTA CLICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTA CLICK, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	12/2/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		