

1.) CORPORATION NAME:

AIR SERV INTERNATIONAL, INC.

DUE DATE: **11/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DAVID R CARLSTROM
410 ROSEDALE CT STE 190
WARRENTON, VA 20186**

SCC ID NO: **F1491135**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 410 ROSEDALE COURT
SUITE 190

CITY/ST/ZIP: WARRENTON, VA 20186-

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:	DAVID CARLSTROM	
TITLE:	PRESIDENT	
ADDRESS:	1957 8TH AVENUE W	
CITY/ST/ZIP/CO:	SEATTLE, WA 98119-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WARREN VEST	
TITLE:	VICE PRESIDENT	
ADDRESS:	3184 SOMERSET DRIVE	
CITY/ST/ZIP/CO:	JEFFERSONTON, VA 22724-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS GERHARTER	
TITLE:	CHAIRMAN	
ADDRESS:	4205 NE 22 AVENUE	
CITY/ST/ZIP/CO:	PORTLAND, OR 97211-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK ABBOTT	
TITLE:	DIRECTOR	
ADDRESS:	8723 SW GORSUCH RD	
CITY/ST/ZIP/CO:	VASHON, WA 98070-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ISAAC AGBANIYAKA	
TITLE:	DIRECTOR	
ADDRESS:	6813 STORCH COURT	
CITY/ST/ZIP/CO:	LANHAM, MD 20706-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HOLBROOK DIRECTOR 3925 PITCAIRN PLACE BURTONSVILLE, MD 20866-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C TAYLOR DIRECTOR 4621 MCDONALD ROAD APISON, TN 37302-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF THINDWA DIRECTOR 1824 CREEK CROSSING ROAD VIENNA, VA 22182-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LACEY PITTMAN SECRETARY 2103 NE 109TH CIRCLE VANCOUVER, WA 98686-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ WARREN VEST</u>	<u>WARREN VEST, VICE PRESIDENT</u>	<u>9/20/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.