

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214521939

1.) CORPORATION NAME:

Starr Aviation Agency, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1667106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3353 Peachtree Road N.E.
Suite 1000

CITY/ST/ZIP: Atlanta, GA 30326

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:	WILLIAM ROBERT EASON			
TITLE:	PRESIDENT			
ADDRESS:	3353 PEACHTREE ROAD N.E SUITE 1000 ATLANTA, GA 30326			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	KYLE ANTHONY SPARKS			
TITLE:	SENIOR VP			
ADDRESS:	3353 PEACHTREE ROAD N.E SUITE 1000 ATLANTA, GA 30326			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LYNN BLAINE			
TITLE:	ASSISTANT VP			
ADDRESS:	5151 SAN FELIPE ST SUITE 700 HOUSTON, TX 77056			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WILLIAM C. HARWELL, JR.			
TITLE:	VICE PRESIDENT			
ADDRESS:	3353 PEACHTREE ROAD N.E SUITE 1000 ATLANTA, GA 30326			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOHN A. LUIKERT			
TITLE:	EXECUTIVE VP			
ADDRESS:	3353 PEACHTREE ROAD N.E. SUITE 1000 ATLANTA, GA 30326			
CITY/ST/ZIP/CO:				

NAME: STEVEN G. BLAKEY TITLE: CEO ADDRESS: 3353 PEACHTREE ROAD N.E SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS A BRYAN TITLE: SECRETARY ADDRESS: 399 PARK AVENUE 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JULIE MURRAY TITLE: ASST SECRETARY ADDRESS: 399 PARK AVENUE 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NIRAJ PATEL TITLE: CONTROLLER ADDRESS: 3353 PEACHTREE RD, NE SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN ALVA MYERS TITLE: DIRECTOR ADDRESS: 3353 PEACHTREE ROAD N.E SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input type="checkbox"/> OFFICER	<input checked="" 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/ JULIE MURRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE MURRAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/26/2014 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.		