

Business Corporation North Carolina Annual Report

Use this form only if
Contact the N.C. Sec
Report form for Insur
Partnerships, and Li

Name of Corporation: **DEVON HOLDING & LEASING, INC.**

State of Incorporation: **DELAWARE**

Fiscal Year Ending: **02 29 04**

Month / Day / Year

Secretary of State Corp. ID Number: **1975059**

Federal Employer ID Number: XXXXXXXXXX

If this is the initial annual report filing, you must complete the entire form. If your business corporation's information has not changed since the previous report, check the box and complete Line 7 only.

1. Registered agent & registered office street address: (Must be a North Carolina Address)

Name:

Street Address:

City, State, Zip Code:

County:

2. Mailing address if different from street address:

Mailing Address:

City, State, Zip Code:

3. If registered agent changed, signature of new agent: _____

(signature constitutes consent to the appointment)

4. Enter principal office address and telephone number here:

Street Address: **129 WEST CENTER STREET**

City, State, Zip Code: **LEXINGTON NC 27292**

Telephone: **336-243-2730**

5. Briefly describe the nature of business: **AIRCRAFT LEASING**

6. Enter name, title, and business address of principal officers here:

Complete Form CD-479A to list additional principal officers

Name: **JAMES J KERSHAW**

Title: **PRESIDENT**

Address: **129 WEST CENTER STREET**

City: **LEXINGTON**

State: **NC**

Zip: **27292**

Name: **ERIN M COBB**

Title: **VICE PRESIDENT**

Address: **129 WEST CENTER STREET**

City: **LEXINGTON**

State: **NC**

Zip: **27292**

Name: **GRACE L LINTON**

Title: **SECRETARY**

Address: **129 WEST CENTER STREET**

City: **LEXINGTON**

State: **NC**

Zip: **27292**

7. Certification of annual report (Must be completed by all corporations).



Signature (Form must be signed by an officer of corporation)

23 June '04

Date

Type or Print Name

Title