

CD-479 (35)  
10-19-06

# Business Corporation North Carolina

This report may be filed online at the Secretary of State website

SOSID: 0311466  
Date Filed: 9/10/2007 3:15:00 PM  
Elaine F. Marshall  
North Carolina Secretary of State  
2007 253 00769

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

Fiscal Year Ending: **02 28 07**  
Month / Day / Year

State of Incorporation: **DELAWARE**

Secretary of State ID Number: **1975059**

I hereby certify that the information requested below (required by NCGS 55-16-22) has not changed since the most recently filed annual report and is therefore complete.

Nature of Business: **AIRCRAFT LEASING**

Registered Agent: **JAMES A GLEASON**

Registered Office Mailing Address: **PO BOX 192**

County: City: **LEXINGTON** State: **NC** Zip Code: **27293**

Registered Office Street Address: **129 WEST CENTER STREET**

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

Signature of New Registered Agent:  
(Signature constitutes consent to the appointment)

Principal Office Telephone Number: **336-243-2730**

Principal Office Mailing Address: **SAME AS ABOVE**

City: State: Zip Code:

Principal Office Street Address: **SAME AS ABOVE**

City: State: Zip Code:

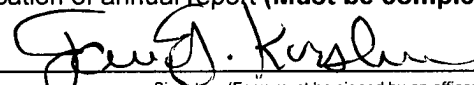
Name, Title, and Business Address of Principal Officers:

Name: <b>JAMES J KERSHAW</b>	Title: <b>PRESIDENT</b>
Address: <b>129 WEST CENTER STREET</b>	
City: <b>LEXINGTON</b>	State: <b>NC</b> Zip: <b>27292</b>

Name: <b>ERIN M COBB</b>	Title: <b>VICE-PRESIDENT</b>
Address: <b>129 WEST CENTER STREET</b>	
City: <b>LEXINGTON</b>	State: <b>NC</b> Zip: <b>27292</b>

Name: <b>GRACE L LINTON</b>	Title: <b>SECRETARY</b>
Address: <b>129 WEST CENTER STREET</b>	
City: <b>LEXINGTON</b>	State: <b>NC</b> Zip: <b>27292</b>

Certification of annual report (Must be completed by all Business Corporations).

  
\_\_\_\_\_  
Signature (Form must be signed by an officer of corporation)  
**James J. Kershaw**  
\_\_\_\_\_  
Type or Print Name

**22 August 2007**  
\_\_\_\_\_  
Date  
**President**  
\_\_\_\_\_  
Title

# Attachment for Additional Principal Officers

Place this form directly  
behind Form CD-479.

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

FEIN: **561777855**

Name: **JAMES A GLEASON**  
Address: **129 W CENTER STREET**  
City: **LEXINGTON**

Title: **TREASURER**  
State: **NC** Zip: **27292**

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