

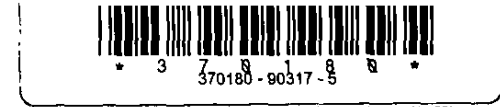
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Apr 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820446
 1. Corporation Name
DELTA AIR LINES, INC.



Principal Place of Business 1030 DELTA BLVD. CORP. TAXES P. O. BOX 45852 DEPT. 852 ATLANTA GA 30320-0852 US	Mailing Address P. O. BOX 45852 DEPT. 852 ATLANTA GA 30320-0852 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22 City & State	28 City & State
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified 05/12/1967	
4. FEI Number 58-0218548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 - May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Nice Presidents Corp. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEDENHARN, HENRY A. III	1.2 NAME	M. Michele Burns
STREET ADDRESS	499 HIGHWAY 3033	1.3 STREET ADDRESS	1030 Delta Blvd.
CITY-ST-ZIP	WEST MONROE LA 71292	1.4 CITY-ST-ZIP	Atlanta, GA 30320-0852
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ARTZI, EDWIN L.	2.2 NAME	
STREET ADDRESS	900 ADAMS CROSSING APT #11100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BROADHEAD, JAMES L.	3.2 NAME	
STREET ADDRESS	982 LAKE HOUSE DRIVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LEO F MULLIN	4.2 NAME	
STREET ADDRESS	548 MAPLE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL 60093	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BUDD, EDWARD H.	5.2 NAME	
STREET ADDRESS	270 CHESTNUT HILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT.	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CARTLEDGE, R. EUGENE	6.2 NAME	
STREET ADDRESS	27 SEAWATCH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31411	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Michele Burns*
 M. Michele Burns, VP, Corp. Tax

3/25/99 404-715-3830
 Date Daytime Phone #

CR2E034 (1.1/98)