

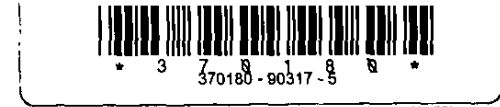
FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90003 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|---|--|

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. Inc <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 | ARTZT, 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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| CITY-ST-ZIP | SAVANNAH GA 31411 | 6.4 CITY-ST-ZIP | |

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Michele Burns, VP, Corp. Tax

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

CR2E034 (1.1/98)