

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90201 001 \*\*\*450.00

**DOCUMENT # 820446**

1. Entity 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 30320-5852 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>58-0218548</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BIEDENHARN, HENRY A. III</b> <b>499 HIGHWAY 3033</b> <b>WEST MONROE LA 71292</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ARTZT, EDWIN L.</b> <b>900 ADAMS CROSSING APT #11100</b> <b>CINCINNATI OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROADHEAD, JAMES L</b> <b>982 LAKE HOUSE DRIVE SOUTH</b> <b>NORTH PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LEO F MULLIN</b> <b>548 MAPLE ST</b> <b>WINNETKA IL 60093</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BUDD, EDWARD H.</b> <b>270 CHESTNUT HILL RD.</b> <b>GLASTONBURY CT.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARTLEDGE, R. EUGENE</b> <b>27 SEAWATCH DRIVE</b> <b>SAVANNAH GA 31411</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Andrew Young</b> <b>Director</b> <b>343 State Street</b> <b>Brochester, NY 14650-0229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Michele Burns M. Michele Burns VP Finance & Treasurer 404-715-5213  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)