

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 58-0218548	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Young
STREET ADDRESS	Director
CITY-ST-ZIP	343 State Street Brochester, NY 14650-0229
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)