


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 820446</b>			
1. Entity Name <b>DELTA AIR LINES, INC.</b>			
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	
2. Principal Place of Business		3. Mailing Address <b>1030 DELTA BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 852</b>	
City & State		City & State <b>ATLANTA GA</b>	
Zip	Country	Zip <b>30354</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when necessary) DATE _____			
FILE NOW!!! FEE IS \$190.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ANDREW 343 STATE ST. ROCHESTER, NY 14650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTZT, EDWIN L. 900 ADAMS CROSSING APT #11100 CINCINNATI, OH 45202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOAN Spero 1030 DELTA BLVD # 852 ATLANTA GA 30354 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADHEAD, JAMES L 982 LAKE HOUSE DRIVE SOUTH NORTH PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Kibitz 1030 DELTA BLVD # 852 ATLANTA GA 30354 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEO F MULLIN 548 MAPLE ST WINNETKA, IL 60093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, EDWARD H. 270 CHESTNUT HILL RD. GLASTONBURY CT., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTLEDGE, R. EUGENE 27 SEAWATCH DRIVE SAVANNAH, GA 31411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JACK Smith 1030 DELTA BLVD # 852 ATLANTA, GA 30354 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.			
SIGNATURE: _____		Date: <b>4/29/03</b> 404-715-5013	
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			

TODD G. HELVIE, VICE President Corporate Tax

CRF2003 (10/02)