

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838575** (9)

1. Corporation Name
BURLINGTON AIR EXPRESS, INC.



Principal Place of Business: **ATTN: TAX DEPT. 18200 VON KARMAN AVENUE IRVINE CA 92715**
Mailing Address: **ATTN: TAX DEPT. P O BOX 4000 LEBANON VA 24266 US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/10/1977		02/01/1995
4.	FEI Number	Applied For	
	41-0980822	Not Applicable	
5.	Certificate of Status Desired	<input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" 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

Signature typed or printed below (do not sign in the space)

(If the Registered Agent signature is requested or indicated)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JOSEPH C	2. NAME	
STREET ADDRESS	18200 VON KARMAN AVE	3. STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	4. CITY-STATE-ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, FRANK T.	2.2 NAME	
STREET ADDRESS	18200 VON KAPMAN AVENUE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	2.4 CITY-STATE-ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EITREIM, DENNIS	3.2 NAME	
STREET ADDRESS	26372 HOUSTON TRAIL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAGUNA HILLS CA	3.4 CITY-STATE-ZIP	
TITLE	DAT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, CE.	4.2 NAME	
STREET ADDRESS	18200 VONK KARMAN AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	4.4 CITY-STATE-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROVAS, ROBERT	5.2 NAME	
STREET ADDRESS	18200 VON KARMAN AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTPORT CT	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TED	6.2 NAME	
STREET ADDRESS	18200 VON KARMAN	6.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS. TREAS

1-27-96

540-889-6327

CR2E034 (12/95)