2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004934

Entity Name: ALASKA AIRLINES, INC.

FILED Mar 31, 2004 Secretary of State

Entity Nam	IE: ALASKA A	IRLINES, INC.			
Current Principal Place of Business:			New Princi	New Principal Place of Business:	
19300 INTE SEATTLE, V	RNATIONAL E WA 98188	BLVD.			
Current Mailing Address:			New Mailin	New Mailing Address:	
PO BOX 68 SEATTLE, V					
FEI Number:	92-0009235	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS	TION SERVICE STREET SEE, FL 3230				
The above in the State		ubmits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent Date					
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () I POST, AMBER H PO BOX 68900 SEATTLE, WA 9		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P ()[AYER, WILLIAM PO BOX 68900 SEATTLE, WA 9		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[LOVELESS, KEI [*] PO BOX 68900 SEATTLE, WA 9		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () I TILDEN, BRADLI PO BOX 68900 SEATTLE, WA 9		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	C ()[KELLY, JOHN F PO BOX 68900 SEATTLE, WA 9	Delete 8168	Title: Name: Address: City-St-Zip:	C (X) Change () Addition AYER, WILLIAM S PO BOX 68900 SEATTLE, WA 98168	
Title: Name: Address: City-St-Zip:	EVPO () I BAGLEY, GEOR PO BOX 68900 SEATTLE, WA 9		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LOVELESS S 03/31/2004

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