SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 8-9-96 B-7711 C

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

DOCUMENT # F93000005854 (5)

1. Corporation Name

AIRTRAN AIRWAYS, INC.

Principal Place of Business

750 SW 34TH ST
STE 201A
FT LAUDERDALE FL 33315
US

Mailing Address

2215 E.M. FRANKLIN
AUSTIN TX 78723
US

3. Date Incorporated or Qualified: 12/27/1993

3a. Date of Last Report: 12/13/1995

4. FEI Number: 65-0440712 — Applied For / Not Applicable

2. Principal Place of Business
21 6280 Hazeltine National Dr.
Suite, Apt. #, etc.
22 100
City & State
23 Orlando, FL
Zip
24 32822
25 Country

2a. Mailing Address
26 6280 Hazeltine National Dr.
Suite, Apt. #, etc.
27 100
City & State
28 Orlando FL
Zip
29 32822
30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 of Registered Agent) (Date if signature differs from date signed above) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	RIVAS, VICTOR M	
STREET ADDRESS	2215 REDWOOD AVE.	
CITY-ST-ZIP	AUSTIN TX 78723	
TITLE	S	☒ DELETE
NAME	PALACINO, SALVATORE	
STREET ADDRESS	2215 REDWOOD AVE.	
CITY-ST-ZIP	AUSTIN TX 78723	
TITLE	T	☒ DELETE
NAME	HORN, CHARLES	
STREET ADDRESS	2215 REDWOOD AVE.	
CITY-ST-ZIP	AUSTIN TX 78723	
TITLE	D	☒ DELETE
NAME	HUNT, PETER	
STREET ADDRESS	2215 REDWOOD AVE.	
CITY-ST-ZIP	AUSTIN TX 78723	
TITLE	D	☒ DELETE
NAME	PIRRERA, ANTHONY	
STREET ADDRESS	2215 REDWOOD AVE.	
CITY-ST-ZIP	AUSTIN TX 78723	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Robert D. Swenson	
1.3 STREET ADDRESS	6280 Hazeltine National Dr. #100	
1.4 CITY-ST-ZIP	Orlando, FL 32822	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Mark B. Rinder	
2.3 STREET ADDRESS	6280 Hazeltine National Dr. #100	
2.4 CITY-ST-ZIP	Orlando, FL 32822	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with my title or in an attachment with an address.

SIGNATURE: [signature] 8/5/96 Date (407) 859-1579 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRR P432 734 177

CR2E034 (3/96)

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