

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 804895

(1)

1. Corporation Name

EASTERN AIR LINES, INC.



2. Principal Place of Business

MIAMI INTERNATIONAL AIRPORT
TAX DEPT: BLDG 16
MIAMI FL 33148

2a. Mailing Address

MIAMI INTERNATIONAL AIRPORT
TAX DEPT: BLDG 16
MIAMI FL 33148

2. Principal Place of Business

2a. Mailing Address

21. TAX Dept.
22. 9300 NW 36 ST.
23. MIAMI FL.
24. 33178

26. TAX Dept.
27. P.O. Box 020787
28. MIAMI, FLORIDA
29. 33102-0787

9. Name and Address of Current Registered Agent

BEVANS, RONALD T., JR.
C/O EASTERN AIR LINES, INC., BLDG. 16
MIAMI INTERNATIONAL AIRPORT, ROOM 432
MIAMI FL 33148-7001

3. Date of Incorporation or Qualification
04/22/1938

3a. Date of Last Report
01/18/1995

4. FFI Number
13-0655310

Applied For
Not Applicable

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 interjurisdictional tax under s. 190.02,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

C/O Eastern Air Lines, Inc.
9300 NW 36 Street

84. City

MIAMI

FL

85. Zip Code
33178

11. I, the undersigned, do hereby certify that the information given in this report is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Florida Department of State's list of registered agents.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. SHUGRUE, MARTIN R
MIAMI INTL AIRPORT
MIAMI FL
VP
2. SICILIAN, JOHN J.
MIAMI INTL AIRPORT
MIAMI FL
VPCF
3. BAUFAN, ROBERT R
MIAMI INTERNATIONAL AIRPORT
MIAMI FL
TV
4. BRADFORD, BRIAN L.
MIAMI INTL AIRPORT
MIAMI FL

1. NAME

1. NAME

1. NAME

2. NAME

2. NAME

2. NAME

3. NAME

3. NAME

4. NAME

4. NAME

4. NAME

5. NAME

5. NAME

6. NAME

6. NAME

6. NAME

6. NAME

14. I, the undersigned, do hereby certify that the information given in this report is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Florida Department of State's list of registered agents.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (30) 873 3425

CR2E034 (12/95)