

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **813206** (0)
1. Corporation Name
NORTHWEST AIRLINES, INC.



Principal Place of Business Mailing Address
**5101 NORTHWEST DR
DEPT #A4450
ST PAUL MINNESOTA 55111**

3. Date Incorporated or Qualified **12/06/1958** 3a. Date of Last Report **05/01/1995**
4. FEI Number **41-0449230** 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 intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1505, 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: _____ DATE: _____

Signature typed or printed name of registered agent in title of corporation. (DATE Registered Agent's signature expires, if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD CHECCHI, ALFRED A 4888 W LAKE HARRIET PKWY MINNEAPOLIS MN	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		4. CITY-ST-ZIP	St. Paul, MN 55111-3034
TITLE	PD DASBURG, JOHN H 1 OVERHOLT PASS EDINA MN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
TITLE	VT FRANCKT, JOSEPH, JR 11 BUFFALO ROAD NORTH OAKS MN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
TITLE	VPC ANDRESEN, ROLF S 13606 DULUTH DR APPLE VALLEY MN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
TITLE	VPC ABELS, MARK E 2221 NEWTON AVE S MINNEAPOLIS MN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Douglas M. Steenland
STREET ADDRESS		5.3 STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
TITLE	VCFO FORET, MICKEY P. 1903 MOUNT CURVE MINNEAPOLIS MN	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	5101 Northwest Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Paul, MN 55111-3034

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 supplementary 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 or in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rolf S. Andresen, Vice President and Controller

No 42396 612/726-7230

CR2E034 (12/95)