

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 813206 (0)**

1. Corporation Name  
**NORTHWEST AIRLINES, INC.**



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

Mailing Address: **5101 NORTHWEST DR DEPT #A4450 ST PAUL MINNESOTA 55111**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **12/06/1958**

4. FEI Number: **41-0449230**

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  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 (81-85)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>CHECCHI, ALFRED A</b>
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>
CITY-ST-ZIP	<b>ST. PAUL MN</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DASBURG, JOHN H</b>
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>
CITY-ST-ZIP	<b>ST. PAUL MN</b>
TITLE	<b>VI</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCKT, JOSEPH, JR</b>
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>
CITY-ST-ZIP	<b>ST. PAUL MN</b>
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE
NAME	<b>ANDRESEN, ROLF S</b>
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>
CITY-ST-ZIP	<b>ST. PAUL MN</b>
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE
NAME	<b>LAWRENCE, JAMES A</b>
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>
CITY-ST-ZIP	<b>ST. PAUL MN 55111</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Levinson, Kenneth S.</b>
6.3 STREET ADDRESS	<b>5101 Northwest Drive</b>
6.4 CITY-ST-ZIP	<b>St. Paul, MN 55111-3034</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or on an attachment with an address.

SIGNATURE: *Kenneth S. Levinson* Kenneth S. Levinson 4/22/98 612/726-2340

CF2E034 (10/97)