


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90103 046 ***150.00

05-06-98

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813206
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified 12/06/1958	4. FEI Number 41-0449230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHECCHI, ALFRED A	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DASBURG, JOHN H	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FRANCT, JOSEPH, JR	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ANDRESEN, ROLF S	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, JAMES A	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN 55111	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINSON, KENNETH S.	
STREET ADDRESS	5101 NORTHWEST DRIVE	
CITY-ST-ZIP	ST. PAUL MN 55111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	VT Cohen, Neal S.
3.3 STREET ADDRESS	5101 Northwest Drive
3.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V V
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VCFO Foret, Mickey P.
5.3 STREET ADDRESS	5101 Northwest Drive
5.4 CITY-ST-ZIP	St. Paul, MN 55111-3034
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Kenneth S. Levinson **Kenneth S. Levinson** 4/22/99 612/726-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)