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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 813206

1. Corporation Name

NORTHWEST AIRLINES, INC.

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I	Principal Place	of Business	Mailing Address				4 18818) tätat trans turk tidit	. 68114 6111 41611	#1#11 #1#II #1#11 #1	
	5101 NORTHWE	ST DR	5101 NORTHWEST DR			1				
DEPT #A4450 ST PAUL MINNESOTA 55111		COTA EE111	DEPT #A4450 ST PAUL MINNESOTA 55111				DO NOT WRITE IN THIS SPACE			
J	SI PAUL MINNE	501A 55111	SI PAUL MINNESOIR JOHN	•		3.	Date Incorporated or Qualif	ed		
I							12/06/1958			
Ì	2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number		App	plied For
Į	21		26				<u>41-0449230</u>			t Applicable
	Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	ı 🗆	\$8.75 A Fee Re	
	22		27 City & State							•
i	City & State)	City & State			6.	Election Campaign Financir Trust Fund Contribution	a □	\$5.00 Added to	•
	Zip	Country		Countr	ν	8.	This corporation owes the c	urrent vear Ir		
	24	25		30	•		Personal Property Tax.	, - ,	Yes	Ĭμ _ο
		9. Name and Address of Currer				10.	Name and Address of New	w Registered	l Agent	
	_			8	1 Name	9				
		ORPORATION SYSTEM		82	2 Street	t Address (P	P.O. Box Number is Not Acce	eptable)		
		S. PINE ISLAND ROAD,								
I	PLAN	ITATION FL 33324		8:	3					
		The state of the state of the		8.	4 City		<u> </u>		85 Zip (Code
		* _f						<u> </u>	L standing ita	ragistared
	11. Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Statute	s, the abo	ve-named	d corporation	n submits this statement for t	ne purpose d	n changing its	rietorod
	office or re	edistered agent, or both, in the State.	of Florida, Such change was au	ithonzed b	v the cort	poration's bo	pard of directors. I hereby ac	cepi ine appo	animient as reć	gistereu
	office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ithonzed b	v the cort	poration's bo	pard of directors. I hereby ac	cept the appo		gistereu
	office or re agent. I ar SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ithonzed b ida Statute	y the corp s.	poration's bo	pard of directors. I hereby ac			Jistereu
	office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Flor	ithonzed b ida Statute	y the corp s.	poration s bo	pard of directors. I hereby ac	DATE	· 	
	office or reagent. I ar	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flor	ithorized by ida Statute Registered Ag	y the corp s. ent signature	poration s bo	einstating)	DATE	· 	
	office or reagent. I are SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fior int and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	y the corp	poration s bo	einstating)	DATE	AND DIRECTO	RS IN 12
	office or reagent. I an SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D CHECCHI, ALFRED A	ations of, Section 607.0505, Fior int and title if applicable. (NOTE: ND DIRECTORS	Registered Age 1.1 TITLE 1.2 NAME	y the corp	a required when re	einstating)	DATE	AND DIRECTO	RS IN 12
	office or reagent. I are signature 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D CHECCHI, ALFRED A 5101 NORTHWEST DRIVE	ations of, Section 607.0505, Fior int and title if applicable. (NOTE: ND DIRECTORS	Registered Age 1.1 TITLE 1.2 NAME	y the corp s. ent signature	a required when re	einstating)	DATE	AND DIRECTO	RS IN 12
	office or reagent. I an SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D CHECCHI, ALFRED A	ations of, Section 607.0505, Fior int and title if applicable. (NOTE: ND DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature ET ADDRESS ST-ZIP	a required when re	einstating)	DATE	AND DIRECTO	RS IN 12
	office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D CHECCHI, ALFRED A 5101 NORTHWEST DRIVE ST. PAUL MN	int and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature ET ADDRESS	a required when re	einstating)	DATE	ND DIRECTO	RS IN 12
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	office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D CHECCHI, ALFRED A 5101 NORTHWEST DRIVE ST. PAUL MN PD DASBURG, JOHN H 5101 NORTHWEST DRIVE ST. PAUL MN VT FRANCHT, JOSEPH, JR 5101 NORTHWEST DRIVE ST. PAUL MN VPS ANDRESEN, ROLF S 5101 NORTHWEST DRIVE ST. PAUL MN VPS ANDRESEN, ROLF S 5101 NORTHWEST DRIVE ST. PAUL MN VCFO LAWRENCE, JAMES A 5101 NORTHWEST DRIVE ST. PAUL MN	Ations of, Section 607.0505, Floring and title if applicable. (NOTE: (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE 6.2 NAME	ent signature strandoress strzip Et Address strzip	s VT Cohe 5101 St. VCFO Fore 5101 St.	einstating) ADDITIONS/CHANGES TO en, Neal S. Northwest D Paul, MN 551	DATE OFFICERS A	Change Change Change	RS IN 12 Addition Addition Addition

ST. PAUL MN 55111 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Kenneth S. Levinson