

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 813206**

1. Entity Name

NORTHWEST AIRLINES, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90122 001 ***150.00

Principal Place of Business

**5101 NORTHWEST DR
DEPT #A4450
SAINT PAUL MN 55111**

Mailing Address

**5101 NORTHWEST DR
DEPT #A4450
SAINT PAUL MN 55111****00032900**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0449230**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHECCHI, ALFRED A	5101 NORTHWEST DRIVE	ST. PAUL MN				
	PD		<input type="checkbox"/> Delete		Take off P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DASBURG, JOHN H	5101 NORTHWEST DRIVE	ST. PAUL MN				
	V		<input checked="" type="checkbox"/> Delete		President		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ANDRESEN, ROLF S	5101 NORTHWEST DRIVE	ST. PAUL MN		Douglas M. Steenland		
	VCFO		<input type="checkbox"/> Delete		5101 Northwest Drive		
	FORET, MICKEY P	5101 NORTHWEST DRIVE	ST. PAUL MN 55111		St. Paul, MN 55111-3034		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LEVINSON, KENNETH S.	5101 NORTHWEST DRIVE	ST. PAUL MN 55111				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth S. Levinson 4/16/01 612/726-2340

Date

Daytime Phone #

CR2E034 (10/00)