

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813206

FILED
Apr 20, 2007
Secretary of State

Entity Name: NORTHWEST AIRLINES, INC.

Current Principal Place of Business:

2700 LONE OAK PARKWAY
DEPT #A4450
SAINT PAUL, MN 551211534

New Principal Place of Business:

Current Mailing Address:

2700 LONE OAK PARKWAY
DEPT #A4450
SAINT PAUL, MN 551211534

New Mailing Address:

FEI Number: 41-0449230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNING, RAY W JR
Address: DEPT A4450-2700 LONE OAK PKWY
City-St-Zip: EAGAN, MN 551211534

Title: V () Delete
Name: CARLSON, KRISTI K
Address: DEPT A4450-2700 LONE OAK PKWY
City-St-Zip: SAINT PAUL, MN 551211534

Title: D () Delete
Name: GOODWIN, DORIS KEARNS
Address: DEPT A4450-2700 LONE OAK PKWY
City-St-Zip: SAINT PAUL, MN 551211534

Title: PCEO () Delete
Name: STEENLAND, DOUGLAS M
Address: 2700 LONE OAK PARKWAY
City-St-Zip: SAINT PAUL, MN 551211534

Title: S () Delete
Name: MILLER, MICHAEL L
Address: DEPT A4450-2700 LONE OAK PKWY
City-St-Zip: SAINT PAUL, MN 551211534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI K. CARLSON

V

04/20/2007

Electronic Signature of Signing Officer or Director

Date