

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90119 001 \*\*\*300.00

0446398

**DOCUMENT # 820446**

1. Entity Name

**DELTA AIR LINES, INC.**

Principal Place of Business

1030 DELTA BLVD., CORP. TAXES  
P. O. BOX 45852 DEPT 852  
ATLANTA GA 30320-0852  
US

Mailing Address

P. O. BOX 45852  
DEPT. 852  
ATLANTA GA 30320-0852  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-0218548**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **D** ☐ Delete  
NAME **YOUNG, ANDREW**  
STREET ADDRESS **343 STATE ST.**  
CITY-ST-ZIP **ROCHESTER NY 14650**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ARTZT, EDWIN L.**  
STREET ADDRESS **900 ADAMS CROSSING APT #11100**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BROADHEAD, JAMES L**  
STREET ADDRESS **982 LAKE HOUSE DRIVE SOUTH**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEO F MULLIN**  
STREET ADDRESS **548 MAPLE ST**  
CITY-ST-ZIP **WINNETKA IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BUDD, EDWARD H.**  
STREET ADDRESS **270 CHESTNUT HILL RD.**  
CITY-ST-ZIP **GLASTONBURY CT.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CARTLEDGE, R. EUGENE**  
STREET ADDRESS **27 SEAWATCH DRIVE**  
CITY-ST-ZIP **SAVANNAH GA 31411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TODD G. HELVIE**

**4/19/2001**

Date

**464-715-5013**

Daytime Phone #

CR2E034 (10/00)