


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90074 007 \*\*\*150.00

<b>DOCUMENT # 822844</b> 1. Entity Name UNITED AIR LINES INC.					
Principal Place of Business ATTN: TAX DEPARTMENT 1200 ALGONQUIN RD. ELK GROVE TOWNSHIP, IL 60007 US			Mailing Address ATTN: TAX DEPARTMENT P. O. BOX 66100 CHICAGO, IL 60666 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-2675206</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD TILTON, GLENN F 1200 ALGONQUIN ROAD ELK GROVE VILLAGE, IL 60007	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HACKER, DOUGLAS 1200 ALGONQUIN RD. ELK GROVE VILLAGE, IL 60007	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAGUE, JOHN A 1200 ALONQUIN RD ELK GROVE TOWNSHIP, IL 60007	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRACE, FREDERIC F 1200 ALGONQUIN ROAD ELK GROVE VILLAGE, IL 60007	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDONALD, PETER D 1200 ALGONQUIN ROAD ELK GROVE VILLAGE, IL 60007	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MIKELLS, KATHRYN A 1200 ALGONQUIN RD ELK GROVE TOWNSHIP, IL 60007	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV STEPHEN LIEBERMAN 1200 ALGONQUIN RD ELK GROVE TWP, IL 60007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>STEPHEN LIEBERMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>4/30/07</u> Daytime Phone #: <u>847-700-5159</u>					

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