

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835192

FILED
Apr 15, 2008
Secretary of State

Entity Name: BRITISH AIRWAYS PLC CORPORATION

Current Principal Place of Business:

75-20 ASTORIA BLVD.
JACKSON HEIGHTS, NY 11370 US

New Principal Place of Business:

Current Mailing Address:

75-20 ASTORIA BLVD.
JACKSON HEIGHTS, NY 11370 US

New Mailing Address:

FEI Number: 13-1546240 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: CEO () Delete
Name: WALSH, WILLIAM
Address: LONDON HEATHROW AIRPORT
City-St-Zip: LONDON, ENGLAND,

Title: C () Delete
Name: BROUGHTON, MARTIN
Address: LONDON HEATHROW AIRPORT
City-St-Zip: LONDON, ENGLAND,

Title: D () Delete
Name: MARTIN, GEORGE
Address: LONDON HEATHROW AIRPORT
City-St-Zip: LONDON, ENGLAND,

Title: CFO () Delete
Name: WILLIAMS, KEITH
Address: LONDON HEATHROW AIRPORT
City-St-Zip: LONDON, ENGLAND,

Title: SVP () Delete
Name: COHEN, B
Address: 75-20 ASTORIA BLVD
City-St-Zip: JACKSON HTS, NY 11370

Title: D () Delete
Name: ROSS SMART, KENNETH
Address: LONDON HEATHRWO AIRPORT
City-St-Zip: LONDON, EN

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:

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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 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: BARBARA COHEN

SVP

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date