

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **856017** (9)

1. Corporation Name  
**ATLANTIC SOUTHEAST AIRLINES, INC.**



Principal Place of Business Mailing Address  
**100 HARTSFIELD CENTRE PARKWAY SUITE 800 ATLANTA GA 30354-1256**

3. Date Incorporated or Qualified **04/04/1983** 3a. Date of Last Report **02/14/1995**  
4. FEI Number **58-1354495** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Site, Apt. #, etc. 26. Site, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country  
24. 25. 29. 30.

g. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature: Typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	PICKET, GEORGE F.	
STREET ADDRESS	824 BRYWYCK RD.	
CITY- ST- ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEISER, JOHN W.	
STREET ADDRESS	4550 SENTINEL POST RD.	
CITY- ST- ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAPP, RONALD V	
STREET ADDRESS	8186 DAYON DRIVE	
CITY- ST- ZIP	JONESBORO GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WATTS, SAM	
STREET ADDRESS	200 SILVERWOOD WAY	
CITY- ST- ZIP	PEACHTREE CITY GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHANNAHAN, TILDEN	
STREET ADDRESS	110 RIVER LANDING	
CITY- ST- ZIP	ATLANTA GA	
TITLE	AVD	<input type="checkbox"/> DELETE
NAME	SKINNER, RENEE H.	
STREET ADDRESS	1244 TO LANI DR.	
CITY- ST- ZIP	STONE MOUNTAIN GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4505 Peachtree Pkwy. South - Apt D-100
6.4 CITY- ST- ZIP	Peachtree City Ga 30269

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Renee Skinner* Asst. V. President Controller Date **1/26/96** Daytime Phone # **404-766-1400**

CR2E034 (12/95) PS 3/12/96

**DIRECTORS**

**ATLANTIC SOUTHEAST AIRLINES, INC.**

Mr. Julius P. Gwin  
Vice President - Finance  
DELTA AIR LINES, INC.  
Hartsfield Atlanta  
International Airport  
Atlanta, Georgia 30320  
(404) 765-6622

Mr. Ralph W. Voorhees  
Senior Vice President  
PAINE WEBBER, JACKSON & CURTIS INC.  
99 Wood Avenue, South  
Iselin, New Jersey 08830  
(201) 494-2220

Mr. Alan M. Voorhees  
SUMMIT ENTERPRISES, INC.  
1308 Devils Reach Road  
Suite 302  
Woodbridge, Virginia 22192  
(703) 490-5355

Mr. Parker H. Petit  
Chairman and Chief  
Executive Officer  
HEALTHDYNE, INC.  
1850 Parkway Place  
One Parkway Center  
Marietta, Georgia 30067  
(404) 423-4512

Mr. Jean A. Mori, President  
Mori Luggage & Gifts, Inc.  
3595 McCall Place  
Atlanta, Georgia 30340  
(404) 451-6674

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Atlantic Southeast Airlines, Inc. - Directors

\*Mr. George F. Pickett  
Chairman of the Board & Chief Executive Officer  
ATLANTIC SOUTHEAST AIRLINES, INC.  
100 Hartsfield Centre Parkway  
Suite 800  
Atlanta, Georgia 30354-1356

\*Mr. John W. Beiser  
President  
ATLANTIC SOUTHEAST AIRLINES, INC.  
100 Hartsfield Centre Parkway  
Suite 800  
Atlanta, Georgia 30354-1356

\*Inside Directors