

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90027 022 ***150.00

DOCUMENT # 856017

1. Entity Name

ATLANTIC SOUTHEAST AIRLINES, INC.

Principal Place of Business

**100 HARTSFIELD CENTRE PARKWAY
SUITE 800
ATLANTA GA 30354-1256**

Mailing Address

**100 HARTSFIELD CENTRE PARKWAY
SUITE 800
ATLANTA GA 30354-1256**

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 **58-1354495**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BARNETTE, W E S	508 LIGHT HOUSE LANE	PEACHTREE CITY GA 30269	<input type="checkbox"/>
D	WEST, ED	1030 DELTA BLVD	ATLANTA GA 30320	<input checked="" type="checkbox"/>
VFC	SIMMONS, JEFF	1030 DELTA BLVD	ATLANTA GA 30320	<input type="checkbox"/>
VP	WATTS, SAM	120 TERANE RIDGE	PEACHTREE CITY GA	<input type="checkbox"/>
VP	FISCHER, MARK	1006 PATINA POINT	PEACHTREE CITY GA	<input type="checkbox"/>
VFO	BEDSON, JOHN A	310 TEMPEST DR	PEACHTREE CITY GA 30269	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary	DEAN C Arvidson	1030 Delta Blvd	ATLANTA, GA 30320	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN C. Arvidson

Date

4/9/2001

Daytime Phone #

404-715-5010

CR2E034 (10/00)