

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90211 007 \*\*\*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  
**1030 DELTA BLVD  
DEPT 852  
ATLANTA GA 30354-1256**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARNETTE, W E S</b> <b>508 LIGHT HOUSE LANE</b> <b>PEACHTREE CITY GA 30269</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARVIDSON, DEAN C</b> <b>1030 DELTA BLVD.</b> <b>ATLANTA GA 30320</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WATTS, SAM</b> <b>120 TERANE RIDGE</b> <b>PEACHTREE CITY GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FISCHER, MARK</b> <b>1006 PATINA POINT</b> <b>PEACHTREE CITY GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *4/29/2003* *404-715-5013*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *DEAN C. ARVIDSON* Secretary Date Daytime Phone #

CR2E034 (10/02)