

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857190 (3)

1. Corporation Name
AMERICAN AIRLINES, INC.



Principal Place of Business 4333 AMON CARTER BLVD MD 5875 FT. WORTH TX 76155 US	Mailing Address P.O. BOX 619618 MD 5675 DFS AIRPORT TX 75261-9618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 07/25/1983	4. FEI Number 13-1502798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MARLETT, CHARLES D.	1.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	1.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP KELLY, PAT T.	2.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	2.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CURTIS, LAURI L.	3.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	3.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	3.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP JORDAN, MARY B.	4.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	4.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	4.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP RICHARDI, RALPH L.	5.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	5.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	5.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP JONES, TERRY B.	6.2 NAME
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5875	6.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76155	6.4 CITY-ST-ZIP
		VP/Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7.1 NAME Thomas W. Horton
		7.2 STREET ADDRESS 4333 Amon Carter Blvd., MD 5675
		7.3 CITY-ST-ZIP Fort Worth, TX 76155

14. 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 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 if changed, or on an attachment with an address.

CR2E034 (10/97)

SIGNATURE _____