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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 857190

1. Corporation Name
AMERICAN AIRLINES, INC.



Principal Place of Business: 4333 AMON CARTER BLVD MD 5675 FT. WORTH TX 76155 US

Mailing Address: P.O. BOX 619616 MD 5675 DFS AIRPORT TX 75261-9616 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 07/25/1983

4. FEI Number: 13-1502798

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 owes the current year Intangible Personal Property Tax: Yes 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 (81-85) fields.

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	MARLETT, CHARLES D.	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRANDALL, ROBERT L	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JEFFREY C	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTYU, DONALD J	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARPEY, GERARD J	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	HORTON, THOMAS W	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD J. CARTY
2.3 STREET ADDRESS	SAME
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SVP-Finance & Planning <input checked="" 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	Herring, Douglas G.
6.3 STREET ADDRESS	SAME
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 4/30/99 817-967-1254
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)