

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90063 041 \*\*\*150.00

**DOCUMENT # 857190**

1. Entity Name  
**AMERICAN AIRLINES, INC.**

Principal Place of Business      Mailing Address  
**4333 AMON CARTER BLVD**      **P.O. BOX 619616**  
**MD 5675**      **MD 5675**  
**FT. WORTH TX 76155**      **DFS AIRPORT TX 75261-9616**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-1502798		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARLETT, CHARLES D.</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			
TITLE	<b>C</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CARTY, DONALD J</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAMPBELL, JEFFREY C</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CARTYU, DONALD J</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			
TITLE	<b>SVFP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ARPEY, GERARD J</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			
TITLE	<b>VPC</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HERRING, DOUGLAS G</b>			NAME			
STREET ADDRESS	<b>4333 AMON CARTER BLVD., MD 5675</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WORTH TX 76155</b>			CITY-ST-ZIP			

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 REQUIRED** Charles D. Marlett  
 Corporate Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/22/02 Daytime Phone # 817 967 6358

0612141 A1

CR2E034 (9/01)