

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857190

FILED
Apr 18, 2011
Secretary of State

Entity Name: AMERICAN AIRLINES, INC.

Current Principal Place of Business:

4333 AMON CARTER BLVD
MD 5675
FT. WORTH, TX 76155 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 619616
MD 5675
DFW AIRPORT, TX 752619616 US

New Mailing Address:

FEI Number: 13-1502798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ARPEY, GERARD J
Address: 4333 AMON CARTER BLVD., MD 5621
City-St-Zip: FORT WORTH, TX 76155 US

Title: T
Name: GOULET, BEVERLY K
Address: 4333 AMON CARTER BLVD., MD 5566
City-St-Zip: FORT WORTH, TX 76155 US

Title: V
Name: MCMENAMY, BRIAN J
Address: 4333 AMON CARTER BLVD., MD 5509
City-St-Zip: FORT WORTH, TX 76155 US

Title: S
Name: WIMBERLY, KENNETH W
Address: 4333 AMON CARTER BLVD., MD5675
City-St-Zip: FORT WORTH, TX 76155 US

Title: P
Name: HORTON, THOMAS W
Address: 4333 AMON CARTER BOULEVARD
City-St-Zip: FORT WORTH, TX 76155 US

Title: CFO
Name: GOREN, ISABELLA D
Address: 4333 AMON CARTER BLVD., MD5629
City-St-Zip: FORT WORTH, TX 76155 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH W WIMBERLY

S

04/18/2011

Electronic Signature of Signing Officer or Director

_____ Date