

4/29

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90148 029 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F01000002058**

1. Entity Name

**AIRTRAN AIRWAYS 717 LEASING CORPORATION**

Principal Place of Business

9955 AIRTRAN BLVD.  
 ORLANDO FL 32807

Mailing Address

9955 AIRTRAN BLVD.  
 ORLANDO FL 32807

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**55-0789694**  
**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input type="checkbox"/> Delete            |
| NAME           | FORNARO, ROBERT L   |  |
| STREET ADDRESS | 9955 AIRTRAN BLVD.  |  |
| CITY-ST-ZIP    | ORLANDO FL 32807    |  |
| TITLE          | VS                  | <input type="checkbox"/> Delete            |
| NAME           | MAGURNO, RICHARD P  |  |
| STREET ADDRESS | 9955 AIRTRAN BLVD.  |  |
| CITY-ST-ZIP    | ORLANDO FL 32807    |  |
| TITLE          | T                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ROSSUM, STEVEN A    |  |
| STREET ADDRESS | 9955 AIRTRAN BLVD.  |  |
| CITY-ST-ZIP    | ORLANDO FL 32807    |  |
| TITLE          | CD                  | <input type="checkbox"/> Delete            |
| NAME           | LEONARD, JOSEPH B   |  |
| STREET ADDRESS | 9955 AIRTRAN BLVD.  |  |
| CITY-ST-ZIP    | ORLANDO FL 32807    |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | FERNUCCI, MARK A    |  |
| STREET ADDRESS | 1209 ORANGE STREET  |  |
| CITY-ST-ZIP    | WILMINGTON DE 19801 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | SVP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GADEK, STANLEY - CFO |  |
| STREET ADDRESS | 9955 AIRTRAN BLVD    |  |
| CITY-ST-ZIP    | ORLANDO FL 32827     |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard P. Magurno**

Date

Daytime Phone #

CR2E034 (9/01)



**AirTran**  
AIRWAYS

*Attachment*

870613

~~#~~ FO/000002058

VIA FEDERAL EXPRESS

August 29, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Madam or Sir:

Enclosed herewith, please find the 2002 Uniform Business Report for **AirTran Airways 717 Leasing Corporation**. Please note that the report was returned as a result of our failure to include our FEI number. We have now included the FEIN on our report.

We apologize for our oversight. Thank you for your patience in this matter.

Sincerely,

Jo Ann McGary  
Manager of Legal Affairs