2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90127 046 ***150.00

001702 AR

DOCUMENT # F01000006534

1. Entity Name
SKYWEST AIRLINES, INC.

Principal Place of Business
444 SO. RIVER ROAD
ST. GEORGE UT 84770

Mailing Address
444 SO. RIVER ROAD
ST. GEORGE UT 84770

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 87-0426325 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATKIN, JERRY C	NAME	
STREET ADDRESS	444 SO. RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE UT 84770	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REBER, RON B	NAME	
STREET ADDRESS	444 SO. RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE UT 84770	CITY-ST-ZIP	
TITLE	S ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, ERIC D	NAME	
STREET ADDRESS	444 SO. RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE UT 84770	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICH, BRADFORD R	NAME	
STREET ADDRESS	444 SO. RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE UT 84770	CITY-ST-ZIP	
TITLE	VC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATKIN, J. RALPH	NAME	
STREET ADDRESS	390 SWAPS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE UT 84790	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATKIN, SIDNEY J	NAME	
STREET ADDRESS	685 S. OAKRIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PINE VALLEY UT 84781	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 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)