


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90358 033 \*\*\*150.00

<b>DOCUMENT # F03000001568</b> 1. Entity Name <b>CHAUTAUQUA AIRLINES, INC.</b>					
Principal Place of Business <b>8909 PURDUE RD SUITE 300 INDIANAPOLIS, IN 46268-3152</b>		Mailing Address <b>8909 PURDUE RD SUITE 300 INDIANAPOLIS, IN 46268-3152</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>16-1010057</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEDFORD, BRYAN K 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Corporate Controller BETH TAYLOR 8909 Purdue Rd, Ste 300 Indianapolis, IN 46268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, ROBERT (HAL) 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay Maymudes 411 W. Putnam Ave Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HELLER, WAYNE 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arthur Armon 411 W. Putnam Ave. Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALSANO, JEROME (JERRY) L 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Corporate Development Laes-Erik Arnell 8909 Purdue Rd, Ste 300 Indianapolis, IN 46268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JEFFREY 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Safety & Regulatory Compliance Don Olvey 8909 Purdue Rd, Ste 300 Indianapolis, IN 46268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKINSON, WARREN 8909 PURDUE RD, SUITE 300 INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Beth A. Taylor</u> Beth A. Taylor    4/24/06    317-246-2612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					