

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005651

Entity Name: MESABA AVIATION, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

1000 BLUE GENTIAN ROAD
SUITE 200
EAGAN, MN 55121

New Principal Place of Business:

Current Mailing Address:

1000 BLUE GENTIAN ROAD
SUITE 200
EAGAN, MN 55121

New Mailing Address:

FEI Number: 41-1399425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: SPANJERS, JOHN G
Address: 1000 BLUE GENTIAN RD STE 200
City-St-Zip: EAGAN, MN 55121

Title: VP () Delete
Name: DONOHUE, WILLIAM
Address: 1000 BLUE GONTIAN RD #200
City-St-Zip: EAGAN, MN 55121

Title: VP () Delete
Name: HOLME, STEVE L
Address: 1000 BLUE BENTIAN RD. #200
City-St-Zip: EAGAN, MN 55121

Title: VP () Delete
Name: MILLER, MICHAEL L
Address: 2700 LONG OAK PARKWAY
City-St-Zip: EAGAN, MN 55121

Title: VP (X) Delete
Name: BUSH, KEITH
Address: 2700 LANE OAK PARKWAY
City-St-Zip: EAGAN, MN 55121

Title: VP (X) Delete
Name: CARLSON, KRISTI K
Address: 2700 LANE OAK PARKWAY
City-St-Zip: EAGAN, MN 55121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPANJERS, JOHN G
Address: 1000 BLUE GENTIAN RD STE 200
City-St-Zip: EAGAN, MN 55121

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOLME, STEVE L
Address: 1000 BLUE GENTIAN RD. #200
City-St-Zip: EAGAN, MN 55121

Title: VP (X) Change () Addition
Name: SCHMIDT, THOMAS M
Address: 1000 BLUE GENTIAN RD. #200
City-St-Zip: EAGAN, MN 55121

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS M SCHMIDT

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date