


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90048 028 \*\*\*150.00

<b>DOCUMENT # F05000006435</b>	
1. Entity Name <b>REPUBLIC AIRLINE INC.</b>	

Principal Place of Business <b>C/O KALENA EASTWOOD 8909 PURDUE RD, STE 300 INDIANAPOLIS, IN 46268</b>	Mailing Address <b>C/O KALENA EASTWOOD 8909 PURDUE RD, STE 300 INDIANAPOLIS, IN 46268</b>
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**40011947**



2. Principal Place of Business - No P.O. Box # <b>C/O Katrina Roberts</b>	3. Mailing Address <b>C/O Katrina Roberts</b>
Suite, Apt. #, etc. <b>8909 Purdue Rd, Ste 300</b>	Suite, Apt. #, etc. <b>8909 Purdue Rd, Ste 300</b>
City & State <b>Indianapolis, IN</b>	City & State <b>Indianapolis, IN</b>
Zip <b>46268</b>	Country <b>US</b>

01232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1562737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 PURDIE ROAD, SUITE 300 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Controller BETH A. 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	EVP COOPER, ROBERT HAL 8909 PURDIE ROAD, SUITE 300 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeffrey Jones 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 BALSANO, JEROME (JERRY) 8909 PURDIE ROAD, 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	VP WILKINSON, WARREN 8909 PURDIE ROAD, SUITE 300 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arthur Amron 411 W. Putnam Ave. Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLVEY, DON 8909 PURDIE ROAD, SUITE 300 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNELL, LARS-ERIK 8909 PURDIE ROAD, 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: Beth A. Taylor 1/24/07 317-246-2612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #