

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000595

Entity Name: SIMMONS AIRLINES, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

4333 AMON CARTER BLVD., MD 5675  
FORT WORTH, TX 76155

## New Principal Place of Business:

4333 AMON CARTER BLVD., MD 5483  
FORT WORTH, TX 76155

## Current Mailing Address:

4333 AMON CARTER BLVD., MD 5675  
FORT WORTH, TX 76155

## New Mailing Address:

4333 AMON CARTER BLVD., MD 5483  
FORT WORTH, TX 76155

FEI Number: 38-2036404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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: P ( ) Delete  
Name: PETER M BOWLER  
Address: 4333 AMON CARTER BLVD., MD 5605  
City-St-Zip: FORT WORTH, TX 76155

Title: VP/T ( ) Delete  
Name: GOULET, BEVERLY K  
Address: 4333 AMON CARTER BLVD., MD 5566  
City-St-Zip: FORT WORTH, TX 76155

Title: S ( ) Delete  
Name: WIMBERLY, KENNETH W  
Address: 4333 AMON CARTER BLVD., MD 5675  
City-St-Zip: FORT WORTH, TX 76155

Title: D ( ) Delete  
Name: ARPEY, GERARD J  
Address: 4333 AMON CARTER BLVD., MD 5621  
City-St-Zip: FORT WORTH, TX 76155

Title: D ( ) Delete  
Name: BOWLER, PETER M  
Address: 4333 AMON CARTER BLVD., MD 5625  
City-St-Zip: FORT WORTH, TX 76155

Title: D ( ) Delete  
Name: WIMBERLY, KENNETH W  
Address: 4333 AMON CARTER BLVD., MD 5675  
City-St-Zip: FORT WORTH, TX 76155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: SOLED, KATHLEEN A  
Address: 4333 AMON CARTER BLVD., MD 5483  
City-St-Zip: FORT WORTH, TX 76155

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

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: KATHLEEN A. SOLED

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date