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FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001902 (4)

1. Corporation Name

AMERICA ONLINE, INC.

Principal Place of Business

22000 AOL WAY
DULLES VA 20166

Mailing Address

22000 AOL WAY
DULLES VA 20166



3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

09/30/1996

4. FEI Number

APPLIED FOR 54-1322110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	CASE, STEPHEN M	
STREET ADDRESS	22000 AOL WAY	
CITY - ST - ZIP	DULLES VA 20166	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LEADER, LENNERT J	
STREET ADDRESS	22000 AOL WAY	
CITY - ST - ZIP	DULLES VA 20166	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COLE, DAVID	
STREET ADDRESS	22000 AOL WAY	
CITY - ST - ZIP	DULLES VA 20166	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, MICHAEL M	
STREET ADDRESS	12100 SUNRISE VALLEY DR	
CITY - ST - ZIP	RESTON VA 22094	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GILBURNE, MILES R	
STREET ADDRESS	22000 AOL WAY	
CITY - ST - ZIP	DULLES VA 20166	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, SHEILA A	
STREET ADDRESS	22000 AOL WAY	
CITY - ST - ZIP	DULLES VA 20166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THEODORE J. LEONIS
3.3 STREET ADDRESS	2200 AOL WAY
3.4 CITY - ST - ZIP	DULLES VA 20166
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT PITMAN
4.3 STREET ADDRESS	2200 AOL WAY
4.4 CITY - ST - ZIP	DULLES, VA 20166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARK STAVISH
6.3 STREET ADDRESS	2200 AOL WAY
6.4 CITY - ST - ZIP	DULLES, VA 20166

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)