PROFIT CORPORATION ANNUAL REPORT

1999

Dringing Disea of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500006179 1. Corporation Name

CONTINENTAL AIRLINES EXPRESS, INC.

Mailing Addense

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90115 034 ***150.00



enncipal erace	e ur business	Mailing Address					
2929 ALLEN PARKWAY. SUITE 1562 HOUSTON T.C 77019 2929 ALLEN PARKWAY. HOUSTON TX 77019			UITE 1562				
					DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE	
					Date Ir corporated or Qualified		
					12/19/1995		
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 1600	SMITH ST	26 PO BOY	460	רי	76-0396099	Not Applicable	
Suite, Apt.		Sujte, Apt. #, etc.				\$8.75 Additional	
22 HQ S	STX	HQSTX			5. Certifc te of Status Desired	Fee Recuired	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	itry		This corporation owes the current year inta	naible	
24 77 TX) <u>2</u> 5	29 77210-4607	30		Persor al Property Tax.	☐ Yes [☐No	
<u>~</u>	9. Name and Address of Current		<u> </u>		J. Name and Address of New Registered A	gent	
	Halle alla Adalessa et auten		81	Name			
CTO	CORPORATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD				82 Street Acdress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
I LA	11A11014 C 33324		83				
			84	City		85 Zip Code	
					<u></u> <u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named	d corporation submits this statement for the purpose of opposition's board of directors. I hereby accept the appoin	thanging its registered	
office crre	egistered agent, or both, in the State Ci m familiar with, and accept the obligation	ns of, Section 607.0505, Flori	da Statutes		portilion's board of threctors. Thereby accept the appoint	anent as reg diorec	
SIGNATURE							
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT E:	Registered Ager	nt signature	e required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	CD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	BETHUNE, GORDON M		1.2 NAME		HOSTY		
STREET ADDRESS	2929 ALLEN PARKWAY, SUITE 1	1562	1.3 STREE	TADDRESS	1600 SMITH ST-HQSTIC		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-S	T-ZIP		77002	
TITLE	PD	☐ DELETE	2.1 TITLE			Change Addition	
NAME	SIEGEL, DAVID N		2.2 NAME		- NOCTU		
	·	1500		TADDRESS	I LEOU SMITH ST-HOSTY		
STREET ADDRESS	2929 ALLEN PARKWAY, SUITE 1	1302				77000	
CITY-ST-ZIP	HOUSTON TX		2. 4 CITY-5	31-ZIP		☐ Ehange ☐ Addition	
TITLE	VSD	□ Dete≀e	3.1 TITLE				
NAME	SMISEK, JEFFERY A		3.2 NAME		SILOOD SMITH ST- HOST)	(
STREET ADDRESS	2929 ALLEN PARKWAY, SUITE 1	562	3.3 STREE	FADDRESS		77777	
CITY-ST-ZIP	HOUSTON TX 77019		3.4. CITY-5	T-ZIP		1,400	
TITLE	V	☐ DELETE	4.1 TITLE			Change Addition	
NAME	BRAYTON, ROBERT T		4. 2 NAME		S 1600 STRITH ST - HQST.	v. i	
STREET ADDRESS	2929 ALLEN PARKWAY STE 156	2	4.3 STREE	T ADDRESS	s 1000 S TETTI ST THE		
CiTY-ST-ZIP	HOUSTON TX		4.4 CITY-S	T-ZIP		717002	
TITLE	V	☐ DELETE	5.1 TITLE			Change	
NAME	LOSNESS, JERRY		5.2 NAME		1600 SMITH ST-HOST	x .	
STREET ADDRESS	2929 ALLEN PARKWAY, SUITE	1562	5.3 STREE	T ADDRESS	\$ 1600 3 1 1 1 3 1 100 1	-	
CITY-ST-ZIP	HOUSTON TX 77019		5.4 CITY-S	T-ZIP		77002	
TITLE	V	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
	. •		6.2 NAME		SO CONTILL ST-HOS		
NAME	MISNER, JEFFREY J.	IECO		TADDRESS	1600 SMITH ST-HOS	אי 🍆	
STREET ADDRESS	2929 ALLEN PARKWAY, SUITE	1302			<u> </u>	77000	
CITY-ST-ZIP	HOUSTON TX		6.4 CITY-S	I-ZIP			

HOUSTON TX CITY-ST-ZIP 14. I 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 on an attact ment with an address, with all other like empowered.

SIGNATURE:

APR 2 0 1999

713-324-2130