

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006179

1. Entity Name

CONTINENTAL AIRLINES EXPRESS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90208 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1600 SMITH ST  
HOUSTX  
HOUSTON TX 77002

PO BOX  
HOUSTX  
HOUSTON TX 77210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0396099**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BETHUNE, GORDON M	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, DAVID N	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMISEK, JEFFERY A	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRAYTON, ROBERT T	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOSNESS, JERRY	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input type="checkbox"/> Delete
NAME	MISNER, JEFFREY J.	
STREET ADDRESS	1600 SMITH ST HQSTX	
CITY-ST-ZIP	HOUSTON TX 77002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES B. REAM	
STREET ADDRESS	1600 Smith St - HQSTX	
CITY-ST-ZIP	HOUSTON, TX 77002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. VP-Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Laderman	
STREET ADDRESS	1600 Smith St. - HQSTX	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (713) 324-2130  
Date Daytime Phone #

CR2E034 (9/99)