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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002506

1. Corporation Name  
SAUDI ARABIAN AIRLINES CORPORATION

Principal Place of Business

P.O. BOX 620  
JEDDAH 21231  
SAUDI ARABIA  
OC

Mailing Address

TALAL MOHSEN, GEN. MGR.  
725 5TH AVENUE, 18TH FLOOR  
NEW YORK NY 10022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country  
25 Zip Country  
26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30 Zip Country

3. Date Incorporated or Qualified  
05/20/1996  
4. FEI Number  
13-2770633  
5. Certificate of Status Desired  
6. Election Campaign Financing Trust Fund Contribution  
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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  
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  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE: DG NAME: H.E. DR. KHALED A BEN-BAKR STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>
<p>TITLE: EVPO NAME: ADNAN DABBAGH STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>
<p>TITLE: VPS NAME: SAMI SAMKARI STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>
<p>TITLE: VPFO NAME: JAZZA GHANEM STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>
<p>TITLE: VPTS NAME: AHEMD A. JAZZAR STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>
<p>TITLE: VPTS NAME: NASSER A. JAZZAR STREET ADDRESS: 2600 VIRGINIA AVE. N.W., SUITE 212 CITY-ST-ZIP: WASHINGTON DC 20037</p>	<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>

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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/26/99 718 656 8133 x60x  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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