

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 27 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 # F96000005596 (9)**

**1. Corporation Name  
ATLAS AIR, INC.**



**Principal Place of Business Mailing Address  
538 COMMONS DR GOLDEN CO 80401 538 COMMONS DR GOLDEN CO 80401-5705**

**3. Date Incorporated or Qualified 10/29/1996 3a. Date of Last Report**

**2. Principal Place of Business 2a. Mailing Address**

**4. FEI Number 84-1207329 Applied For Not Applicable**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

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

**22 City & State 27 City & State**

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

**23 Zip Country 28 Zip Country**

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

**24 25 29 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

**81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL**

**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, 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	
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOWDRY, MICHAEL A</b>	1.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORET, MICKEY P</b>	2.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUYLER, RICHARD H</b>	3.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUYLER, RICHARD H</b>	4.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONSTAD, CLARK H</b>	5.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHENY, JAMES J</b>	6.2 NAME	
STREET ADDRESS	<b>538 COMMONS DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GOLDEN CO 80401</b>	6.4 CITY - ST - ZIP	

**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 included 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.**

**SIGNATURE: Richard H. Shuyler RICHARD H. SHUYLER 1/21/97 303-526-5050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)