

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005596

FILED  
Mar 24, 2011  
Secretary of State

Entity Name: ATLAS AIR, INC.

**Current Principal Place of Business:**

2000 WESTCHESTER AVE  
PURCHASE, NY 10577

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 200016  
WOODSTOCK, GA 301890416

**New Mailing Address:**

FEI Number: 84-1207329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FLYNN, WILLIAM J  
Address: 2000 WESTCHESTER AVE.  
City-St-Zip: PURCHASE, NY 10577

Title: P  
Name: FLYNN, WILLIAM J  
Address: 2000 WESTCHESTER AVE.  
City-St-Zip: PURCHASE, NY 10577

Title: COO  
Name: DIETRICH, JOHN  
Address: 2000 WESTCHESTER AVE.  
City-St-Zip: PURCHASE, NY 10577

Title: T  
Name: MCGARVEY, ED  
Address: 2000 WESTCHESTER AVE.  
City-St-Zip: PURCHASE, NY 10577

Title: SVP  
Name: KOKUS, ADAM  
Address: 2000 WESTCHESTER AVE  
City-St-Zip: PURCHASE, NY 10577

Title: CFO  
Name: SCHWARTZ, SPENCER  
Address: 2000 WESTCHESTER AVE  
City-St-Zip: PURCHASE, NY 10577

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SPENCER SCHWARTZ

CFO

03/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date