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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002815 (5)

**AIRLINE TARIFF PUBLISHING COMPANY** 

Principal Place of Business Mailing Address				I tobules the sent tobut about and	i setti 2011. Altik meni feret tiskt 8111 1061	
DULLES INTERNATIONAL AIRPORT		DULLES INTERNATION	AL AIRPORT			
PO BOX 17415		PO BOX 17415		DO NOT WE	NITE IN THIS STACE	
WASHINGTON	1 DC 20041	Washington DC 200	41		RITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualifie</li> <li>05/29/1997</li> </ol>	90	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		52-1015810	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	_		Fee Required	
		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζφ	Country	· ·	paid the current year Intangible	
24	25 25 Name and Address of Curre	nt Registered Agent	[30]	Personal Property Tax due Ji 10. Name and Address of New		
~ 7	CORPORATION SYSTEM	in tregistered Figure	81 Na		Magistered Agent	
	30 <b>SOUTH PINE ISLAND ROAD</b>					
PLANTATION FL 33324			82 Str	Street Address (P.O. Box Number is Not Acceptable)		
۲۵	ANTATION FL 33324		83			
			84 Cit	y	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Ste	tutes the above-nan	ned corporation submits this statement for th	ne purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change wa	is authorized by the	corporation's board of directors. I hereby ac	cept the appointment as registered	
	im tamiliar with, and accept the oblig	Jacons or, Section 607.0505,	Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ag	iest and title if applicable (A	IOTE Registered Agent sign	ature required when reinstating)	DATE	
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
TITLE	7	DELETE	1.5 TITLE		Change Addition	
NAME	FERRIER, MICHAEL G		1.2 NAME			
STREET ADDRESS	PO BOX 17415 (N/A)		1.3 STREET ADDRE	ess		
CITY-ST-ZIP	WASHINGTON DC 20041-041		1.4 CITY-ST-7IP			
TITLE	VS	DELETE	2.1 TITLE	V	Change 🔀 Addition	
NAME	MINGLEDORFF, DANIEL B		2.2 NAME	NICKOLAS, MARY		
STREET ADDRESS	PO BOX 17415 (N/A)		2.3 STREET ADDRE	SS P.O. BOX 17415 (NA)		
CITY-ST-ZIP	WASHINGTON DC 20041-041		2. 4 CITY - ST - ZIP	WASHINGTON , D.C. 2	0041-0415	
TITLE	V	DELETE	3.1 TITLE		Change Addition	
NAME	PURZER, ROLF		3.2 NAME			
STREET ADDRESS	PO BOX 17415 (N/A)		3.3 STREET ADDRE	SS	į	
CITY-ST-ZIP	WASHINGTON DC 20041-041		3.4. CITY-ST-ZIP			
TITLE	VT	☐ DELETE	4.1 TITLE	VTS .	Change Addition	
NAME	KIRK, BRIAN V		4. 2 NAME	SS P.O. BOX 17415 WA	_	
STREET ADDRESS	PO BOX 17415 (N/A)		4.3 STREET ADDRE	s P.O. BOX 17415 WIA	)	
CITY-ST-ZIP	WASHINGTON DC 20041-041		4.4 CITY-ST-ZIP	WASHINGTON, D.C. 20	041 ~ 0415	
TITLE	MOULE V KARCALO	DELETE	5.1 TITLE		Change Addition	
NAME	MICHAELY, KAREN S		5.2 NAME			
STREET ADDRESS	PO BOX 17415 (N/A)	46	5 3 STREET ADDRE	ss		
CITY-ST-ZIP	WASHINGTON DC 20041-041		5 4 CITY-ST-ZIP			
TITLE	D D	☐ DELETE	6.1 TITLE		Change Addition	
NAME	AMSTER, BARBARA R	011010V 4: MEDT1	6.2 NAME			
STREET ADDRESS	700 SECOND ST SW #2800	UALGARY ALBERTA	6.3 STREET ADDRE	ss 1		

14. Thereby 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.

6.4 CITY - ST - ZIP

CIONATURE.

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FILED

May 15 1998 8:00am

Secretary of State