

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002815

1. Entity Name

AIRLINE TARIFF PUBLISHING COMPANY

Principal Place of Business

DULLES INTERNATIONAL AIRPORT  
PO BOX 17415  
WASHINGTON DC 20041

Mailing Address

DULLES INTERNATIONAL AIRPORT  
PO BOX 17415  
WASHINGTON DC 20041

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 52-1015810

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, 2001 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 V  
NAME ~~GERDPM, WENDY~~  
STREET ADDRESS PO BOX 17415 (N/A)  
CITY-ST-ZIP WASHINGTON DC 20041-0415 ☐ Delete

TITLE V  
NAME GORDON, WENDY ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME POPOVCH, ALERS  
STREET ADDRESS P O BOX 365  
CITY-ST-ZIP HARMONOS WD ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME PURZER, ROLF  
STREET ADDRESS PO BOX 17415 (N/A)  
CITY-ST-ZIP WASHINGTON DC 20041-0415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTS  
NAME KIRK, BRIAN V.  
STREET ADDRESS P. O. BOX 17415 N/A  
CITY-ST-ZIP WASHINGTON DC 20041-0415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME MICHAELY, KAREN S  
STREET ADDRESS PO BOX 17415 (N/A)  
CITY-ST-ZIP WASHINGTON DC 20041-0415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME SIENKIEWICZ, HENRY  
STREET ADDRESS P O BOX 17415  
CITY-ST-ZIP WASHINGTON DC 20041-0415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Brian V. Kirk* BRIAN V. KIRK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2001

Date

703-471-7510

Daytime Phone #

0587194

CR2E034 (10/00)

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90058 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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