


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P05838 1. Entity Name AIRLINES REPORTING CORPORATION	
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Principal Place of Business 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203-1629	Mailing Address 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203-1629
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04152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1367276	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BROERMAN, ANN
9501 PRINCESS PALM AVE.
100
TAMPA, FL 33619**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLLINS, DAVID R.B. 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ARGIROPOULOS, KATHLEEN O. 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GILLILAND, MIKE 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ALTSCHUL, ALFRED 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROMINE, PAUL 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC LANDUYT, DAVID 4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203

000000137099
04/29/04-R0026-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Guy Sheetz **R. Guy Sheetz** 4-19-04 703.816-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #