

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P05838

1. Entity Name
AIRLINES REPORTING CORPORATION



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**



04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1367276

Applied For
☐ Not Applicable

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLLINS, DAVID R.B.
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE VS
NAME ARGIROPOULOS, KATHLEEN O.
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE VP
NAME GILLILAND, MIKE
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE CFO
NAME ALTSCHUL, ALFRED
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE VP
NAME ROMINE, PAUL
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE DC
NAME LANDUYT, DAVID
STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600
CITY-ST-ZIP ARLINGTON, VA 22203

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05/05/05-80111-021 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

703-846-852

Daytime Phone #