## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT.# P05838 1. Entity Name 06 DEC -4 PM 4: 44 AIRLINES REPORTING CORPORATION SECRETARY OF STATE. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4100 N FAIRFAX DRIVE 4100 N FAIRFAX DRIVE SUITE 600 SUITE 600 ARLINGTON, VA 22203-1629 ARLINGTON, VA 22203-1629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10302006 REIN-NP CR2E099 (11/05) City & State City & State Applied For 4. FEI Numbe 52-1367276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name rduman **BROFRMAN ANN** %10117 PRINCESS PALM AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE 550 TAMPA, FL 33610** City 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) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$61.25 Make check payable to After January 1, 2007, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD 7000822640**: Ophange** 12/04/06--01061--017 \*\*61.23 TITLE ☐ Delete TILE ☐ Addition COLLINS, DAVID R.B. NAME NAME \*\*61.25 STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600 STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP VS TITLE Delete TITS F ☐ Chance ■ Addition ARGIROPOULOS, KATHLEEN O. NAME NAME STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600 STREET ADDRESS CITY-ST-7IP ARLINGTON, VA 22203 CITY-ST-ZIP VΡ TITLE ☐ Delete REINSTATEMEN ☐ Addition GILLILAND, MIKE NAME NAME 4100 N FAIRFAX DRIVE SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP CEO TITLE Delete TITLE ☐ Change ☐ Addition ALTSHUL, ALFRED NAME NAME STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600 STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP TITLE Delete mr Change ■ Addition NAME ROMINE, PAUL NAME STREET ADDRESS 4100 N FAIRFAX DRIVE SUITE 600 STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP TITLE DC TITLE ☐ Delete ☐ Change ■ Addition NAME LANDUYT, DAVID NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

-x (flyred attachel

4100 N FAIRFAX DRIVE SUITE 600

ARLINGTON, VA 22203

STREET ADDRESS

CITY-ST-ZIP

11/20/2006

703 816-8000