

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90002 041 \*\*\*\*61.25

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03062007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # P05838</b> 1. Entity Name <b>AIRLINES REPORTING CORPORATION</b>					
Principal Place of Business <b>4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203-1629 US</b>			Mailing Address <b>4100 N FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203-1629 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-1367276</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROERMAN, ANN 10117 PRINCESS PALM AVE SUITE 550 TAMPA, FL 33610</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLLINS, DAVID R 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS ARGIROPOULOS, KATHLEEN O 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GILLILAND, MIKE 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO ALTSHUL, ALFRED 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROMINE, PAUL 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC LANDUYT, DAVID 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLACK, RANDY 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 22203-1629</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLACK, RANDY 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 22203-1629</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>				Date <b>3/6/07</b> Daytime Phone # <b>703-816-8123</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					