

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05838

1. Entity Name
AIRLINES REPORTING CORPORATION



Principal Place of Business
4100 N FAIRFAX DRIVE
SUITE 600
ARLINGTON, VA 22203-1629 US

Mailing Address
4100 N FAIRFAX DRIVE
SUITE 600
ARLINGTON, VA 22203-1629 US

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

07082008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

BROERMAN, ANN
10117 PRINCESS PALM AVE
SUITE 550
TAMPA, FL 33610

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. 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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COLLINS, DAVID R
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

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

TITLE VS ☐ Delete
NAME ARGIROPOULOS, KATHLEEN O
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

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

TITLE VP ☐ Delete
NAME GILLILAND, MIKE
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

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

TITLE CFO ☒ Delete
NAME ALTSCHUL, ALFRED
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

TITLE CFO ☒ Change ☐ Addition
NAME Thomas Casalino
STREET ADDRESS 4100 N. Fairfax Dr. Suite 600
CITY-ST-ZIP Arlington, VA 22203

TITLE VP ☐ Delete
NAME BLACK, RANDY
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

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

TITLE DC ☐ Delete
NAME LANDUYT, DAVID
STREET ADDRESS 4100 N FAIRFAX DRIVE, SUITE 600
CITY-ST-ZIP ARLINGTON, VA 222031629

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

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.

SIGNATURE:

R. Guy Sheets

9/22/08

703-816-8152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #