


# 2009 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
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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

6. Name and Address of Current Registered Agent	
BROERMAN, ANN 10117 PRINCESS PALM AVE SUITE 550 TAMPA, FL 33610	

7. Name and Address of New Registered Agent	
Name VENESSA JONES	
Street Address (P.O. Box Number is Not Acceptable) 10117 PRINCESS PALM AVENUE	
SUITE 550	
City TAMPA	Zip Code FL 33610

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 <i>Venessa Jones</i>	DATE <i>02/03/2009</i>

Filing Fee is \$61.25 Due by May 1, 2009	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, DAVID R 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200143900232 02/18/09--01018--009 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARGIROPOULOS, KATHLEEN O 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLILAND, MIKE 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CASALINO, THOMAS 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, RANDY 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LANDUYT, DAVID 4100 N FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 222031629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or without power of attorney.	
SIGNATURE: <i>E. J. Sullivan</i>	DATE <i>2/6/09</i> DAYTIME PHONE # <i>703-816-8123</i>

**FILED**  
09 FEB 18 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01302009 Chg-NP CR2E037 (11/08)

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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