# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05838

**Entity Name:** AIRLINES REPORTING CORPORATION

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 3000 WILSON BLVD<br>300<br>ARLINGTON, VA  22221    US | 3000 WILSON BLVD<br>300<br>ARLINGTON, VA  22210    US |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 3000 WILSON BLVD<br>300<br>ARLINGTON, VA  22221    US | 3000 WILSON BLVD<br>300<br>ARLINGTON, VA  22210    US |

FEI Number: 52-1367276          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| JONES, VENESSA<br>10117 PRINCESS PALM AVENUE<br>SUITE 550<br>TAMPA, FL  33610  US | |

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.

SIGNATURE: _____

                      Electronic Signature of Registered Agent                             Date

## OFFICERS AND DIRECTORS:

| | |
|---|---|
| Title: | PD |
| Name: | PREMO, MIKE |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22210 US |

| | |
|---|---|
| Title: | VS |
| Name: | ARGIROPOULOS, KATHLEEN O |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22210 US |

| | |
|---|---|
| Title: | VP |
| Name: | GILLILAND, MIKE |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22221 US |

| | |
|---|---|
| Title: | CFO |
| Name: | CASALINO, THOMAS |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22210 US |

| | |
|---|---|
| Title: | CS |
| Name: | SCHLAM, ERIC A |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22210 US |

| | |
|---|---|
| Title: | DC |
| Name: | REITZ, BONNIE |
| Address: | 3000 WILSON BLVD, STE 300 |
| City-St-Zip: | ARLINGTON, VA  22210 US |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE:  ERIC A. SCHLAM                           CS                    05/01/2012

                      Electronic Signature of Signing Officer or Director                          Date