

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P08911 (0)**

1. Corporation Name  
**VIRGIN ATLANTIC AIRWAYS LIMITED**



Principal Place of Business: **96 MORTON ST NEW YORK NY 10014**  
Mailing Address: **96 MORTON ST NEW YORK NY 10014**

3. Date Incorporated or Qualified: **01/31/1986**  
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business: **21** State, Apt. #, etc.:  
22 City & State:  
23 Zip: **24** Country: **25**  
2a. Mailing Address: **26** 747 BELDEN AVENUE  
27 State, Apt. #, etc.:  
28 City & State: **NORWALK, CT.**  
29 Zip: **06850** 30 Country: **USA**  
4. FEI Number: **13-3213123**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**  
10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1528, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature Space for Director, Registered Agent and Director in 12 (2015) Registered Agent Signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANSON, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>95-99 LADBROKE GROVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LONDON, ENGLAND</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER, ROY</b>	2.2 NAME	
STREET ADDRESS	<b>ASHDOWN HOUSE, HIGH ST</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUSSEX, ENGLAND</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>EXECUTIVE VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAIT, DAVID</b>	3.2 NAME	<b>TAIT, DAVID</b>
STREET ADDRESS	<b>96 MORTON STREET</b>	3.3 STREET ADDRESS	<b>747 BELDEN AVENUE</b>
CITY-STATE-ZIP	<b>NEW YORK NY</b>	3.4 CITY-STATE-ZIP	<b>NORWALK, CT 06850</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRIMROSE, NIGEL</b>	4.2 NAME	
STREET ADDRESS	<b>ASHDOWN HOUSE, HIGH ST.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUSSEX, ENGLAND</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AVANN, ANDREW</b>	5.2 NAME	
STREET ADDRESS	<b>ASHDOWN HOUSE HIGH ST.</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUSSEX EN</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>M</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENNINGTON, SYDNEY</b>	6.2 NAME	
STREET ADDRESS	<b>ASHDOWN HOUSE HIGH ST</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUSSEX, ENGLAND</b>	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an annual 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, trustee or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/1/96** (203) 750-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID M. TAIT EXECUTIVE VICE PRESIDENT VIRGIN ATLANTIC AIRWAYS** Daytime Phone #

CR2E034 (12/95)