

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

0695475

DOCUMENT # P08911

1. Entity Name
VIRGIN ATLANTIC AIRWAYS LIMITED

03-01-2001 91253 001 ***150.00
 03-01-2001 91253 002 *****8.75

Principal Place of Business 747 BELDEN AVE NORWALK CT 06850 US	Mailing Address 747 BELDEN AVENUE NORWALK CT 06850 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 13-3213123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BRANSON, RICHARD	
STREET ADDRESS	95-99 LADBROKE GROVE	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	TAIT, DAVID	
STREET ADDRESS	747 BELDEN AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRIMROSE, NIGEL	
STREET ADDRESS	THE OFFICE MANOR ROYAL	
CITY-ST-ZIP	CRAWLEY WE RH10	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AVANN, ANDREW	
STREET ADDRESS	THE OFFICE MANOR ROYAL	
CITY-ST-ZIP	CRAWLEY WE RH10	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVANN, ANDREW	
STREET ADDRESS	THE OFFICE, CRAWLEY BUSINESS QUARTER	
CITY-ST-ZIP	MANOR ROYAL, CRAWLEY, WEST SUSSEX RH102NU	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOUSA, IAN	
STREET ADDRESS	THE OFFICE, CRAWLEY BUSINESS QUARTER	
CITY-ST-ZIP	MANOR ROYAL, CRAWLEY, WEST SUSSEX RH102NU	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Regina Lingis, Assistant Treasurer** 25 Jan 01 203-750-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)