


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 050 ***550.00

DOCUMENT # P08911

1. Entity Name
VIRGIN ATLANTIC AIRWAYS LIMITED



60045201



Principal Place of Business FINANCE ADMINISTRATION 75 NORTH WATER STREET SOUTH NORWALK, CT 06854 US	Mailing Address FINANCE ADMINISTRATION 75 NORTH WATER STREET SOUTH NORWALK, CT 06854 US
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2. Principal Place of Business - No P.O. Box # Attn: Administration	3. Mailing Address 75 North Water Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07112008 Chg-P CR2E034 (12/06)

City & State South Norwalk	City & State CT 06854
Zip	Country
Zip	Country

4. FEI Number 13-3213123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRANSON, RICHARD SIR RICHARDS' HOUSE NECKER ISLAND THE VALLEY, VIRGIN GORDA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Branson, Richard Sir The Valley, Virgin Gorda BVI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGWAY, STEPHEN 174 CASTLE STREET PORTCHESTR, WISTARIA COT FAREHAM HAMPSHIRE, P0 1690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Murphy, Stephen Mr 1 Rue du Cloitre 1204 Geneva, Switzerland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERN, JULIE LOWER FROYLE, ALDERSEY HOUSE ALTON HAMPSHIRE, GU344LLUK <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	D FARROW, FRANCES 520 BROADWAY 4TH FLOOR NEW YORK, NY 10012 <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	D STRAMBI, LYELL HOPHURST PLACE CRAWLEY DOWN WEST, SHAW COT WEST SUSSEX, RH 104LNUK <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	D DESOSA, IAN 16 TIMBERLING GARDENS SOUTH CROYDON, SURREY, CR 20AWUK <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 607, 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:  **Regina Lingis/VP Finance** **7/11/08** **203-750-2070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #