

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09754

FILED
Apr 23, 2009
Secretary of State

Entity Name: SCHEDULED AIRLINES TRAFFIC OFFICES, INC.

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305 US

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
701 CARLSON PARKWAY, MS 8250
MINNETONKA, MN 553058250 US

New Mailing Address:

FEI Number: 52-1446111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUHN, KELLY L
Address: 4300 WILSON BLVD, SUITE 500
City-St-Zip: ARLINGTON, VA 22203

Title: VSD () Delete
Name: HOGAN, GERALD W
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: VT () Delete
Name: FRANCOU, NICHOLAS
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: V () Delete
Name: COFFMAN, JOHN S
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, FL 80122

Title: V () Delete
Name: DENICOLA, NICK A
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: CFO () Delete
Name: HOTZE, JAMES
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KOETTING, MICHAEL T
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HOTZE

CFO

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date