

FILED  
Jul 16, 2002 8:00 am  
Secretary of State

05-28-2002 91764 016 \*\*\*550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P09817**  
 1. Entity Name  
**WORLD AIRWAYS, INC.**

Principal Place of Business Mailing Address:  
**HLH BUILDING** **HLH BUILDING**  
**101 WORLD DRIVE** **101 WORLD DRIVE**  
**PEACHTREE CITY GA 30269** **PEACHTREE CITY GA 30269**

38814



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **94-1358276** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	<b>CFO</b> <i>Chief Financial Officer</i>	<input type="checkbox"/> Delete
NAME	<b>DUARTE, JR, GILBERTO M</b>	
STREET ADDRESS	<b>13873 PARK CENTER ROAD, SUITE 490</b>	
CITY-ST-ZIP	<b>HERNDON VA</b>	
TITLE	<b>SGC</b> <i>Secret General Counsel</i>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIGNLOS, CATHY</b>	
STREET ADDRESS	<b>13873 PARK CENTER ROAD, SUITE 490</b>	
CITY-ST-ZIP	<b>HERNDON VA</b>	
TITLE	<b>D</b> <i>Director</i>	<input type="checkbox"/> Delete
NAME	<b>SONTAG, PETER M.</b>	
STREET ADDRESS	<b>13873 PARK CENTER RD STE 490</b>	
CITY-ST-ZIP	<b>HERNDON VA</b>	
TITLE	<b>CCEO</b> <i>Chairman Chief Executive Officer</i>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, HOLLIS</b>	
STREET ADDRESS	<b>13873 PARK CENTER ROAD, SUITE 490</b>	
CITY-ST-ZIP	<b>HERNDON VA</b>	
TITLE	<b>D</b> <i>Director</i>	<input type="checkbox"/> Delete
NAME	<b>RAY, RUSSELL JR.</b>	
STREET ADDRESS	<b>13873 PARKCENTER ROAD, STE 409</b>	
CITY-ST-ZIP	<b>HERNDON VA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>101 World Drive</b>	
CITY-ST-ZIP	<b>Peachtree City, GA 30269</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cindy Swinson</b>	
STREET ADDRESS	<b>101 World Drive</b>	
CITY-ST-ZIP	<b>Peachtree City, GA 30269</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>101 World Drive</b>	
CITY-ST-ZIP	<b>Peachtree City, GA 30269</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>101 World Drive</b>	
CITY-ST-ZIP	<b>Peachtree City, GA 30269</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Ellington</b>	
STREET ADDRESS	<b>101 World Drive</b>	
CITY-ST-ZIP	<b>Peachtree City, GA 30269</b>	

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: *Gilberto M. Duarte Jr.* **SIGNATURE REQUIRED Duarte Jr.** Date: **5-15-02** Daytime Phone #: **770-632-8003**

CR2E034 (9/01)