## 2002 Uniform Business Report (UBR)

changed, or on an attachmer

SIGNATURE:

## Mar 18, 2002 8:00 am DOCUMENT # P10250 **Secretary of State** 1. Entity Name 03-18-2002 90088 002 \*\*\*150.00 AMERICAN TRANS AIR, INC. Principal Place of Business Mailing Address 7337 W. WASHINGTON STREET P O BOX 51609 INDIANAPOLIS IN 46251-0140 INDIANAPOLIS IN 46231 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 35-1305077 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 Zip Code TALLAHASSEE FL 32301 City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/01 Change ☐ Delete TITLE TITLE NAME NAME WOLFF, KENNETH K STREET ADDRESS STREET ADDRESS 7337 W WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN Change ■ Addition ☐ Delete TITLE TITLE VC00 NAME NAME HLAVACEK, JAMES W. STREET ADDRESS STREET ADDRESS 7337 W WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN ☐ Change Addition TITLE ☐ Delete \*\* NAME NAME HUNT, BRIAN T. STREET ADDRESS STREET ADDRESS 7337 W WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MIKELSONS, GEORGE J STREET ADDRESS STREET ADDRESS 7337 W. WASHINGTON STREET CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN Change Addition ☐ Delete TITLE TITLE **PCEO** NAME TAGUE, JOHN P. STREET ADDRESS STREET ADDRESS 7337 W. WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46231 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

with all other like empowered

REQUIREBrian T. Hunt

3/1/02

Daytime Phone #

FILED