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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14427** (9)

1. Corporation Name
**PIEDMONT AIRLINES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| SALISBURY WICOMICO COUNTY AIRPORT<br>SALISBURY MD 21801 | 5443 AIRPORT TERMINAL RD.<br>SALISBURY MD 21804-1545<br>US |

3. Date Incorporated or Qualified: 05/12/1987
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 52-0970090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | HENSON, RICHARD A. | | 1.2 NAME | Bryan, Michelle | |
| STREET ADDRESS | 6825 GRENADIER BLVD, SUITE 505 | | 1.3 STREET ADDRESS | 2345 Crystal Drive | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | Arlington VA | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEONARD, JOHN F. | | 2.2 NAME | | |
| STREET ADDRESS | 831 STONEYBROOK ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SALISBURY MD | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COTTER, FRANK J. | | 3.2 NAME | | |
| STREET ADDRESS | 2345 CRYSTAL DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ARLINGTON VA | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FARROW, STEVEN R. | | 4.2 NAME | | |
| STREET ADDRESS | 3 NICHOLAS MEWS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SALISBURY MD | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MURRELL, ROBERT L. | | 5.2 NAME | | |
| STREET ADDRESS | 808 COLLEGE LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SALISBURY MD | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Robert L. Murrell Robert L. Murrell March 24, 1997 (410)742-2996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #