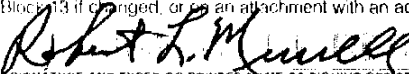


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 SALISBURY WICOMICO COUNTY AIRPORT SALISBURY MD 21801			Mailing Address 5443 AIRPORT TERMINAL RD. SALISBURY MD 21804-1545 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-0970090	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
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		
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 as an attachment with an address.					
SIGNATURE: 		Robert L. Murrell		March 24, 1997 (410) 742-2996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone	



CR2E034 (9/96)