

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90035 032 ***150.00

DOCUMENT # P14427

1. Entity Name
PIEDMONT AIRLINES, INC.

Principal Place of Business
**SALISBURY WICOMICO COUNTY AIRPORT
SALISBURY MD 21804**

Mailing Address
**5443 AIRPORT TERMINAL RD
SALISBURY MD 21804
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0970090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	LEONARD, JOHN F.	
STREET ADDRESS	427 14TH ST 303M	
CITY-ST-ZIP	OCEAN CITY MD 21842	
TITLE	V	☐ Delete
NAME	FARROW, STEVEN R.	
STREET ADDRESS	3 NICHOLAS MEWS	
CITY-ST-ZIP	SALISBURY MD	
TITLE	V	☒ Delete
NAME	MURRELL, ROBERT L.	
STREET ADDRESS	808 COLLEGE LANE	
CITY-ST-ZIP	SALISBURY MD	
TITLE	S	☐ Delete
NAME	MCGAREY, JENNIFER	
STREET ADDRESS	2345 CRYSTAL DR	
CITY-ST-ZIP	ARLINGTON VA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR OF FINANCE	☐ Change ☒ Addition
NAME	LYNN C ADKINS	
STREET ADDRESS	29524 CONNELLY MILL	
CITY-ST-ZIP	DELMAR, MA 21875	
TITLE	CONTROLLER	☐ Change ☒ Addition
NAME	WILLIAM TIMMONS	
STREET ADDRESS	1502 A SHAW DR	
CITY-ST-ZIP	SALISBURY, MD. 21804	

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:

William Timmons **WILLIAM TIMMONS**

3/15/02

410-742-2996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)