2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90040 012 ***150.00

DOCUMENT # P14427

1. Entity Name
PIEDMONT AIRLINES, INC.

Principal Place of Business	Mailing Address
SALISBURY WICOMICO COUNTY AIRPORT SALISBURY, MD 21804	5443 AIRPORT TERMINAL RD SALISBURY, MD 21804 US

01252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste E
City & State	City & State Middletown, PA
Zip / Country	Zip 17057 / Country US

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEONARD, JOHN F. 427 14TH ST 303M OCEAN CITY, MD 21842	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Leonard, John F. 427 14th St. 303M Ocean City, MD 21842	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FARROW, STEVEN R. 3 NICHOLAS MEWS SALISBURY, MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cohen, Neal 2345 Crystal Dr. Arlington, VA 22227	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGAREY, JENNIFER 2345 CRYSTAL DR ARLINGTON, VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ashby, Bruce 2345 Crystal Dr. Arlington, VA 22227	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOF ADKINS, LYNN C 29524 CONNELLY MILL DELMAR, MD 21875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scheeringa, Michael 2345 Crystal Dr. Arlington, VA 22227	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TIMMONS, WILLIAM 1502A SHAREN DR SALISBURY, MD 21804	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Scott Stuck 2/10/04 (717)948-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #