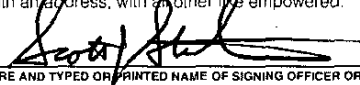


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 SALISBURY WICOMICO COUNTY AIRPORT SALISBURY, MD 21804			Mailing Address 5443 AIRPORT TERMINAL RD SALISBURY, MD 21804 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1000 Rosedale Ave. Ste E Middletown, PA 17057 US			
4. FEI Number 52-0970090				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 Schearinga, 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 another line empowered.					
SIGNATURE: 			2/10/04 (717)948-5502		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		