

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90085 003 ***150.00

DOCUMENT # P14427 1. Entity Name PIEDMONT AIRLINES, INC.					
Principal Place of Business SALISBURY WICOMICO COUNTY AIRPORT SALISBURY, MD 21804			Mailing Address 1000 ROSEDALE AVE. STE E MIDDLETOWN, PA 17057 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-0970090	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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	
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 _____ 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, 2006 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	S FOONT, BRIAN E 2345 CRYSTAL DR ARLINGTON, VA 22227	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD. FARROW, STEPHEN J 5443 AIRPORT TERMINAL RD SALISBURY, MD 21804	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETRUN, TERRY J 5443 AIRPORT TERMINAL RD SALISBURY, MD 21804	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STROHM, SCOTT J 1000 ROSEDALE AVE MIDDLETOWN, PA 17057	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBY, BRUCE 2345 CRYSTAL DR. ARLINGTON, VA 22227	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NEAL 2345 CRYSTAL DR. ARLINGTON, VA 22227	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ray, Caroline 2345 Crystal Dr. Arlington, VA 22227	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ncella, Andrew 111 W. Rio Salado Parkway Tempe, AZ 85281	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/27/06 Daytime Phone #: (717) 948-5502					