2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14427

Entity Name: PIEDMONT AIRLINES, INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	RY WICOMICO RY, MD 21804	COUNTY AIRPORT				
Current Mailing Address:			New Mail	New Mailing Address:		
	EDLALE AVE S DWN, PA 1705					
FEI Number: 52-0970090 FEI Number Applied For ()			FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:	
1200 S. Plf	ORATION SYS NE ISLAND RO ON, FL 33324	DAD				
	named entity s e of Florida.	submits this statement for the pu	rpose of changing	its registered	office or registered agent, or both,	
SIGNATUR	RE:					
		ic Signature of Registered Agen	t		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () RAY, CAROLINI 111 W. RIOSAL TEMPE, AZ 852	ADO PKWY	Title: Name: Address: City-St-Zip:	RAY, CAROLI	SALADO PKWY	
Title: Name: Address: City-St-Zip:	V () PETRUN, TERR 1000 ROSEDAL MIDDLETOWN,	E AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () NOCELLA, AND 111 W. RIO SAI TEMPE, AZ 852	LADO PKWY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () FARROW, STEI 5443 AIRPORT SALISBURY, MI	PHEN R TERMINAL RD.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	V () SCHROECK, AL 1000 ROSEDAL MIDDLETOWN,	E AVE	Title: Name: Address: City-St-Zip:	V (MCMASTERS 1000 ROSED MIDDLETOW	ALE AVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FLANNERY, D	IO SALADO PKWY	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L MCMASTERS V 03/05/2009