

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37163</b>		
1. Entity Name AMERICA WEST AIRLINES, INC.		
Principal Place of Business 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034		Mailing Address 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01072004 No Chg-P CR2E034 (10/03)
4. FEI Number 86-0418245		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PARKER, DOUGLAS W. 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WEIR, THOMAS T 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PENWELL, PATRICIA A 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MILLER, ROBERT J 4000 E. SKY HARBOR BLVD. PHOENIX, AZ 85034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Petelia A. Runka</u> Secretary - 1-7-04 480 693 5549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		