

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90287 003 ***150.00

DOCUMENT # P96000016295

1. Entity Name
PAN AMERICAN WORLD AIRWAYS, INC.

Principal Place of Business 14 AVIATION AVENUE PORTSMOUTH NH 03801 US	Mailing Address 14 AVIATION AVENUE PORTSMOUTH NH 03801 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0643839	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NADOLNY, JOHN R
 3015 CARRIER AVE
 SANFORD FL 32772**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD FINK, DAVID A	<input type="checkbox"/> Delete
STREET ADDRESS	14 AVIATION AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE NAME	S NADOLNY, JOHN R	<input type="checkbox"/> Delete
STREET ADDRESS	14 AVIATION AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE NAME	D MELLON, TIMOTHY	<input type="checkbox"/> Delete
STREET ADDRESS	14 AVIATION AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE NAME	D KELSO, RICHARD S	<input type="checkbox"/> Delete
STREET ADDRESS	14 AVIATION AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE NAME	D FINK, D. ARMSTRONG	<input type="checkbox"/> Delete
STREET ADDRESS	14 AVIATION AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. NADOLNY **JOHN R. NADOLNY** 1/24/01 603-766-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (10/00)