

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **838575** (9)

1. Corporation Name  
**BURLINGTON AIR EXPRESS, INC.**



Principal Place of Business: **ATTN: TAX DEPT. 18200 VON KARMAN AVENUE IRVINE CA 92715**

Mailing Address: **ATTN: TAX DEPT. P O BOX 4000 LEBANON VA 24266 US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/10/1977</b>	<b>02/01/1995</b>
4. FEI Number	Applied For
<b>41-0980822</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
CEO	FARRELL, JOSEPH C	18200 VON KARMAN AVE	IRVINE CA	
VC	LENNON, FRANK T.	18200 VON KAPMAN AVENUE	IRVINE CA	
EVP	EITREIM, DENNIS	26372 HOUSTON TRAIL	LAGUNA HILLS CA	
DAT	BOLTON, CE.	18200 VONK KARMAN AVENUE	IRVINE CA	
AS	AROVAS, ROBERT	18200 VON KARMAN AVENUE	WESTPORT CT	
D	SANDERS, TED	18200 VON KARMAN	IRVINE CA	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ASS. TREAS** **1-27-96** **540-889-6327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)