


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90057 039 \*\*\*150.00

**DOCUMENT # 855378**  
 1. Entity Name  
**US AIRWAYS, INC.**



Principal Place of Business  
**2345 CRYSTAL DRIVE**  
**ATTN: TAX DEPT**  
**ARLINGTON, VA 22227**

Mailing Address  
**2345 CRYSTAL DRIVE**  
**ATTN: TAX DEPT**  
**ARLINGTON, VA 22227**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

**94023093**



02022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**53-0218143**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T 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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 **SVPC**  Delete  
 NAME **SIEGEL, DAVID N**  
 STREET ADDRESS **2345 CRYSTAL DR.**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVP**  Delete  
 NAME **BRYAN, MICHELLE V**  
 STREET ADDRESS **2345 CRYSTAL DRIVE**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE **EVP**  Change  Addition  
 NAME **Neal S. Cohen**  
 STREET ADDRESS **2345 Crystal DR**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE **S**  Delete  
 NAME **MCGAREY, JENNIFER C**  
 STREET ADDRESS **2345 CRYSTAL DRIVE**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE **S**  Change  Addition  
 NAME **Elizabeth K. Lanier**  
 STREET ADDRESS **2345 Crystal Dr.**  
 CITY-ST-ZIP **Arlington, VA 22227**

TITLE **SVP**  Delete  
 NAME **COHEN, NEAL S**  
 STREET ADDRESS **2345 CRYSTAL DR.**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE **SVP**  Change  Addition  
 NAME **N. Bruce Ashby**  
 STREET ADDRESS **2345 Crystal Dr**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE **CCEO**  Delete  
 NAME **MCDUGLE, JEFFREY A**  
 STREET ADDRESS **2345 CRYSTAL DRIVE**  
 CITY-ST-ZIP **ARLINGTON, VA 22227**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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: *Elizabeth K. Lanier* **Elizabeth K. Lanier** February 13, 2004 703-872-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #