


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855378 (6)

1. Corporation Name
~~USAIR, INC.~~
US Airways, Inc. *NC 2-24*

Principal Place of Business 2345 CRYSTAL DRIVE TAX DEPT. 8TH FLOOR ARLINGTON VA 22227	Mailing Address 2345 CRYSTAL DRIVE TAX DEPT. 8TH FLOOR ARLINGTON VA 22202-4001
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 22227	30 Country

3. Date Incorporated or Qualified 01/31/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 53-0218143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**C T 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	HARPER, JOHN W.	
STREET ADDRESS	2345 CRYSTAL DR.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NAGIN, LAWRENCE	
STREET ADDRESS	2345 CRYSTAL DRIVE	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HULQUIST, JAMES A.	
STREET ADDRESS	2345 CRYSTAL DRIVE	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	GANGWAL, RAKESH	
STREET ADDRESS	2345 CRYSTAL DRIVE	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	LAGOW, W. THOMAS	
STREET ADDRESS	2345 CRYSTAL DR.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	COEO	<input type="checkbox"/> DELETE
NAME	WOLF, STEPHEN	
STREET ADDRESS	2345 CRYSTAL DRIVE	
CITY-ST-ZIP	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hultquist
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PCOO/Director
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Executive V.P.
5.3 STREET ADDRESS	John R. Long, III
5.4 CITY-ST-ZIP	2345 Crystal Drive
5.5 CITY-ST-ZIP	Arlington, VA 22227
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CCEO/Director
6.3 STREET ADDRESS	1000022007 H
6.4 CITY-ST-ZIP	-06/04/97--01004--D28
	***165.00

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

CR2E034 (9/96)

RW
5-20-97