

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90003 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 855378 ✓

1. Corporation Name  
 US Airways, Inc.

Principal Place of Business 2345 Crystal Drive Arlington, VA 22227 Attn: Tax Dept.	Mailing Address 2345 Crystal Drive Arlington, VA 22227 Attn: Tax Dept.
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 1/31/1983

4. FEI Number  
 53-0218143

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

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

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	SVP & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Thomas A. Mutryn
STREET ADDRESS		1.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Arlington, VA 22227
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Lawrence M. Nagin
STREET ADDRESS		2.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Arlington, VA 22227
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Jennifer C. McGarey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Arlington, VA 22227
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Rakesh Gangwal
STREET ADDRESS		4.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Arlington, VA 22227
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Michelle V. Bryan
STREET ADDRESS		5.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Arlington, VA 22227
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Stephen M. Wolf
STREET ADDRESS		6.3 STREET ADDRESS	2345 Crystal Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Arlington, VA 22227

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(j), 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, with all other like empowered.

SIGNATURE: Jennifer C. McGarey Jennifer C. McGarey 4/29/99 703/872-5224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)