

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90154 032 ***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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 53-0218143 | Applied For <input type="checkbox"/> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | City & State | | |
| Zip | Country | | |

| | | | |
|---|--|--|----------|
| 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 | Zip Code |
| | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|---|---|------------------------------------|
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 1. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE SVPC | NAME MUTRYN, THOMAS A | TITLE | NAME |
| STREET ADDRESS 2345 CRYSTAL DR. | STREET ADDRESS 2345 CRYSTAL DR. | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE EVP | NAME NAGIN, LAWRENCE | TITLE | NAME |
| STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE S | NAME MCGAREY, JENNIFER | TITLE | NAME |
| STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE PCEO | NAME GANGWAL, RAKESH | TITLE | NAME |
| STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP | CITY-ST-ZIP |
| <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE SVP | NAME BRYAN, MICHELLE V | TITLE | NAME |
| STREET ADDRESS 2345 CRYSTAL DR. | STREET ADDRESS 2345 CRYSTAL DR. | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE C | NAME WOLF, STEPHEN | TITLE Chairman & CEO | NAME Wolf, Stephen |
| STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS 2345 CRYSTAL DRIVE | STREET ADDRESS 2345 Crystal Drive | STREET ADDRESS 2345 Crystal Drive |
| CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP ARLINGTON VA 22227 | CITY-ST-ZIP Arlington, VA 22227 | CITY-ST-ZIP Arlington, VA 22227 |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |

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: JENNIFER C. MCGAREY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **22 January 2002** Daytime Phone #: **(703) 872-5224**

CR2E034 (9/01)