

BR6

CHFP010

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company Number

FC005586

Branch Number

BR001246

Company Name

DELTA AIR LINES, INC.

Branch Name

(If different to corporate name)

DELTA AIR LINES, INC.

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day Month Year

01 10 2004

Position vacated
(Mark appropriate box(es))



Person authorised to accept service on the company's behalf



Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Name Carolyn Ezzell

Address Flat 2

Cadogan House

93 Sloane Street

London SW1X 9PD

To whom should Companies House direct any enquires about the information this



A54 COMPANIES HOUSE 21/10/2006

A20 COMPANIES HOUSE 06/10/2006

Denton Wilde Sapte

One Fleet Place

London EC4M 7WS

Ref CXH/RAB

Tel: 020 7246 7379

When completed, this form should be delivered to the address on page 4

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APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

| | | | |
|--|---|--|----------|
| *Style/Title | Staff Vice President, Sales and Affairs-Europe | | |
| Forenames | Mr. Frank Hussain | | |
| Surname | JAHANGIR | | |
| Address | 121 Holland Road, Hove, East Sussex, BN3 1JS | | |
| Post town | | | |
| County/Region | | | Postcode |
| <input checked="" type="checkbox"/> | Is authorised to accept service of process on the company's behalf | | |
| *AND/OR | | | |
| <input checked="" type="checkbox"/> | Is authorised to represent the company in relation to that business | | |
| Date of appointment | Day | Month | Year |
| | 02 | 10 | 2006 |
| The authority to represent the company is:- | | | |
| Is # | <input checked="" type="checkbox"/> | Authorised to accept service of process on the company's behalf | |
| *AND/OR | | | |
| Is # | <input checked="" type="checkbox"/> | Authorised to represent the company in relation to that business | |
| The extent of the authority to represent the company is:- (give details) | | | |
| NO EXPRESS LIMITATIONS ON SUCH AUTHORITY. | | | |
| These powers:- | | | |
| # | <input checked="" type="checkbox"/> | May be exercised alone | |
| OR | | | |
| # | <input type="checkbox"/> | Must be exercised with:- | |
| (Give name(s) of co-authorised person(s)) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

Change of name

Name previously notified to Companies House

New name

Change of residential address (enter new address)

Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)

Mark appropriate box

Date of change

| Day | Month | Year |
|-----|-------|------|
| | | |

☐ Change of particulars of person authorised to accept service

☐ Change of particulars of person authorised to represent the company

Forenames _____

Surname _____

Forenames _____

Surname _____

Address _____

Post town _____

County/Region _____ Postcode _____

Country _____

The extent of the authority of the above person to represent the company has been altered to :- [give details]

The powers:-

☐ May be exercised alone

OR

☐ Must be exercised with:- (Give name(s) of co-authorised person(s))

Signature

* Delete as applicable

Signed

Leslie Kleinman

* (Director / Secretary / Permanent representative)

Date

2 October 2006

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