

1.) CORPORATION NAME:

SOUTH AFRICAN AIRWAYS (PROPRIETARY) LIMITED

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1873811**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	99,999,999,999
	9

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: AIRWAYS PARK
PO BOX X13

CITY/ST/ZIP: JOHANNESBURG 1627, South Africa

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WOLF MEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, 1627, ZA		

NAME:	VUYISLE KONA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ACTING CEO		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, 1627, ZA		

NAME:	ANDILE KHUMALO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, 1627, ZA		

NAME:	ANDILE MABIZELA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, 1627, ZA		

NAME:	MARVELOUS KUBEKA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, , ZA		

NAME:	RAISIBE ELLEN LEPULE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AIRWAYS PARK		
CITY/ST/ZIP/CO:	JOHANNESBURG, , ZA		

NAME: BONGISIZWE MPONDO TITLE: DIRECTOR ADDRESS: AIRWAYS PARK CITY/ST/ZIP/CO: JOHANNESBURG, , ZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL LYNETTE ROKRUGE TITLE: DIRECTOR ADDRESS: AIRWAYS PARK CITY/ST/ZIP/CO: JOHANNESBURG, , ZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAJESH NAITHANI TITLE: DIRECTOR ADDRESS: AIRWAYS PARK CITY/ST/ZIP/CO: JOHANNESBURG, , ZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WOLF MEYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WOLF MEYER, CFO PRINTED NAME AND CORPORATE TITLE	10/31/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		