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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Roberta L. Fisher, Esq. (614) 365-2715

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Roberta L. Fisher, Esq.
 Squire, Sanders & Dempsey L.L.P.
 41 S. High Street, Suite 1300
 Columbus, Ohio 43215

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only ONE debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
 Columbus Regional Airport Authority

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 4600 International Gateway Columbus OH 43219 USA

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR **1e. TYPE OF ORGANIZATION** **1f. JURISDICTION OF ORGANIZATION** **1g. ORGANIZATIONAL ID #, if any**
 31-1335829 political subdivision Ohio NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ONE debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR **2e. TYPE OF ORGANIZATION** **2f. JURISDICTION OF ORGANIZATION** **2g. ORGANIZATIONAL ID #, if any**
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only ONE secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
 The Bank of New York Trust Company, N.A.

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 6525 West Campus Oval New Albany OH 43054 USA

4. This FINANCING STATEMENT covers the following collateral:

The Net Revenues of the Columbus Regional Airport Authority (the "Authority") and amounts on deposit in the Revenue Fund, the City Use Fund, the Debt Service Fund and the Debt Service Reserve Fund, each as defined in the Master Trust Indenture, dated as of July 15, 1994, as amended and supplemented by a Fifth Supplemental Trust Indenture, dated April 12, 2007, each between the Authority and The Bank of New York Trust Company, N.A. (as successor to J.P. Morgan Trust Company, N.A., as successor to Bank One Trust Company, N.A.), as trustee, as may be amended and supplemented from time to time by a Supplemental Trust Indenture (as defined in the Master Trust Indenture) to the extent and with the exceptions provided in the Master Trust Indenture.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. THIS FINANCING STATEMENT is to be filed (for record) (for recording) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) **7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)** All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

Ohio Secretary of State