

U.S. Postal Service STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION <small>Required by 39 U.S.C. 3685</small>								
1A. Title of Publication Journal of Aircraft	1B. PUBLICATION NO. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2</td><td>7</td><td>8</td><td>0</td><td>8</td><td>0</td> </tr> </table>	2	7	8	0	8	0	2. Date of Filing 11/2/90
2	7	8	0	8	0			
3. Frequency of Issue Monthly	3A. No. of Issues Published Annually 12	3B. Annual Subscription Price \$30.00						
4. Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP+4 Code) (Not printers) 370 L'Enfant Promenade S.W., Washington, D.C. 20024								
5. Complete Mailing Address of the Headquarters of General Business Offices of the Publisher (Not printer) Same as above.								
6. Full Names and Complete Mailing Address of Publisher, Editor, and Managing Editor (This item MUST NOT be blank)								
Publisher (Name and Complete Mailing Address) American Institute of Aeronautics and Astronautics, Inc. (Same as above.)								
Editor (Name and Complete Mailing Address) Thomas M. Weeks -- Same as above.								
Managing Editor (Name and Complete Mailing Address) Heather Brennan -- Same as above.								
7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed.)								
Full Name	Complete Mailing Address							
American Institute of Aeronautics and Astronautics, Inc.	Same as above.							
8. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities (If there are none, so state)								
Full Name	Complete Mailing Address							
None.								
9. For Completion by Nonprofit Organizations Authorized To Mail at Special Rates (DMM Section 423.12 only) The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes (Check one)								
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> (1) Has Not Changed During Preceding 12 Months </div> <div> <input type="checkbox"/> (2) Has Changed During Preceding 12 Months </div> <div> <small>(If changed, publisher must submit explanation of change with this statement.)</small> </div> </div>								
10. Extent and Nature of Circulation <small>(See instructions on reverse side)</small>	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date						
A. Total No. Copies (Net Press Run)	3,733	3,700						
B. Paid and/or Requested Circulation								
1. Sales through dealers and carriers, street vendors and counter sales	-----	-----						
2. Mail Subscription (Paid and/or requested)	3,109	3,158						
C. Total Paid and/or Requested Circulation (Sum of 10B1 and 10B2)	3,109	3,158						
D. Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies	140	142						
E. Total Distribution (Sum of C and D)	3,249	3,300						
F. Copies Not Distributed								
1. Office use, left over, unaccounted, spoiled after printing	484	400						
2. Return from News Agents	-----	-----						
G. TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)	3,733	3,700						
11. I certify that the statements made by me above are correct and complete								
Signature and Title of Editor, Publisher, Business Manager, or Owner David Quackenbush, Controller								