

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90015 001 \*\*\*\*61.25

**DOCUMENT # 762206**

1. Entity Name

THE TWA PILOTS RETIREMENT FOUNDATION, INC.



Principal Place of Business

807 W HINTZ RD  
ARLINGTON HEIGHTS IL 60004  
US

Mailing Address

807 W HINTZ RD  
ARLINGTON HEIGHTS IL 60004  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2205385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

CT 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

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ARENAS, FRED G  
STREET ADDRESS 1622 CANTERBURY CT  
CITY-ST-ZIP ARLINGTON HTS IL

TITLE VD ☒ Delete  
NAME JACOBSEN, HARRY  
STREET ADDRESS 848 COVENTRY ST.  
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ Delete  
NAME THOMPSON, ROBERT R.  
STREET ADDRESS 807 W HINTZ RD.  
CITY-ST-ZIP ARLINGTON HTS IL

TITLE T ☐ Delete  
NAME ESSAF, ROBERT D  
STREET ADDRESS 3917 WELLINGTON CIR  
CITY-ST-ZIP PALM HARBOR FL

TITLE T ☒ Delete  
NAME ULRICH, DON C  
STREET ADDRESS 5061 KEY LARGO CIR  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME ULRICH, DON C  
STREET ADDRESS 5061 KEY LARGO CIR.  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Ralph Thompson ROBERT RALPH THOMPSON 2/15/08 (347) 259-9718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #