FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842062 (2)

1. Corporation Name
TRANS WORLD AIRLINES INC.

Principal Place of Business	Mailing Address
ONE CITY CENTRE ST. LOUIS MO	11500 AMBASSADOR DR. KANSAS CITY MO

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1978	3a. Date of Last Report: 05/01/1994
4. FEI Number: 43-1145889	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☒ Change ☐ Addition T
NAME	COLPITTS, JOHN G (CAPT)	1.2 NAME	Michael J. Palumbo
STREET ADDRESS	100 S BEDFORD RD	1.3 STREET ADDRESS	One City Centre, 515 North 6th Street
CITY-ST-ZIP	MT KISCO NY	1.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	AS	2.1 TITLE	☒ Change ☐ Addition AS
NAME	KENNER, L.E.	2.2 NAME	Kenner, L.E.
STREET ADDRESS	100 S BEDFORD RD	2.3 STREET ADDRESS	11500 Ambassador Dr.
CITY-ST-ZIP	MT KISCO NY	2.4 CITY-ST-ZIP	Kansas City, MO 64153
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	COSLEY, JERRY W	3.2 NAME	Robert Peiser
STREET ADDRESS	11500 AMBASSADOR DR	3.3 STREET ADDRESS	One City Centre, 515 North 6th Street
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	COZZI, ROBERT B	4.2 NAME	Charles J. Thibaudeau
STREET ADDRESS	100 S. BEDFORD ROAD	4.3 STREET ADDRESS	One City Centre, 515 North 6th Street
CITY-ST-ZIP	MT. KISCO NY	4.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	CROWE, JOHN C	5.2 NAME	Dan Holmes
STREET ADDRESS	100 S. BEDFORD ROAD	5.3 STREET ADDRESS	11500 Ambassador Drive
CITY-ST-ZIP	MT. KISCO NY	5.4 CITY-ST-ZIP	Kansas City, MO 64153
TITLE	D	6.1 TITLE	☒ Change ☐ Addition CEO
NAME	ERICKSON, JEFFEREY H	6.2 NAME	Erickson, Jeffrey H.
STREET ADDRESS	515 N. 6THY ST.	6.3 STREET ADDRESS	One City Centre, 515 North 6th Street
CITY-ST-ZIP	ST. LOUIS MO 63101	6.4 CITY-ST-ZIP	St. Louis, MO 63101

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489077 FN