

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842062

1. Corporation Name

Trans World Airlines, Inc.

Principal Place of Business

Mailing Address

One City Centre C/O Tax Department
 515 N. 6th Street 11500 Ambassador Drive
 St. Louis, MO 63101 Kansas City, MO 64153

3. Date Incorporated or Qualified 12/11/1978	5a. Date of Last Report 4/30/96
4. FEI Number 43-1145889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

10. Name and Address of New Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	G.L. Gitner
STREET ADDRESS		1.3 STREET ADDRESS	515 N. 6th Street
CITY - ST - ZIP		1.4 CITY - ST - ZIP	St. Louis, MO 63101
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	M.J. Palumbo
STREET ADDRESS		2.3 STREET ADDRESS	515 N. 6th Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	St. Louis, MO 63101
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/ Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	C.R. Deister
STREET ADDRESS		3.3 STREET ADDRESS	11500 Ambassador Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Kansas City, MO 64153
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	C.J. Thibaudau
STREET ADDRESS		4.3 STREET ADDRESS	515 N. 6th Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Louis, MO 63101
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	R.P. Magurno
STREET ADDRESS		5.3 STREET ADDRESS	515 N. 6th Street
CITY - ST - ZIP		5.4 CITY - ST - ZIP	St. Louis, MO 63101
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	K.A. Soled
STREET ADDRESS		6.3 STREET ADDRESS	515 N. 6th Street
CITY - ST - ZIP		6.4 CITY - ST - ZIP	St. Louis, MO 63101

14. I do hereby certify that the information supplied with this filing 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:

K.A. Soled

4/30/97 (816) 464-6628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #