## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005542

Entity Name: AIR WISCONSIN AIRLINES CORPORATION

FILED Mar 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ALLENGER D N, WI 5491491	RIVE, SUITE 203 I 20					
Current Mailing Address:				New Mailing Address:			
W6390 CHALLENGER DRIVE, SUITE 203 APPLETON, WI 549149120							
FEI Number: 39-1767281 FEI Number Applied For ( ) FEI			FEI Num	umber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
17888 67TI	ERVICES, INC H COURT NO CHEE, FL 334	RTH					
The above in the State		submits this statement for the pu	irpose of	changing it	s registered	office or registered agent,	or both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RANKIN, JAMES	ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	JORDAN, WILL	ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	JORDAN, WIL	LENGER DRIVE, SUITE 203	
Title: Name: Address: City-St-Zip:	THOMPSON, PA	ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	THOMPSON, F	LENGER DRIVE, SUITE 203	
Title: Name: Address: City-St-Zip:	VCFO () DEISTER, CHR W6390 CHALLE APPLETON, WI	ISTINE R ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	LUSSIER, ROS	ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	LUSSIER, RO	LENGER DRIVE, SUITE 203	
Title: Name: Address: City-St-Zip:	LAWARE, KEVI	ENGER DRIVE, SUITE 203		Title: Name: Address: City-St-Zip:	STAN, PETER	LENGER DRIVE, SUITE 203	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE R. DEISTER VCFO 03/21/2008