

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 012 ***150.00

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1. Entity Name

TCFC AIR HOLDINGS, INC.



Principal Place of Business

9399 W. HIGGINS RD., STE. 600
ROSEMONT, IL 60018

Mailing Address

9399 W. HIGGINS RD., STE. 600
ROSEMONT, IL 60018



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number

32-0092333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VANDAMME, KEITH A
STREET ADDRESS 9399 W. HIGGINS RD., STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE EVP
NAME KEIPER, WILLIAM D
STREET ADDRESS ~~9399 W. HIGGINS RD., STE. 600~~
CITY-ST-ZIP ~~ROSEMONT, IL 60018~~

TITLE EVPS
NAME PERRELLI, ROSARIO A
STREET ADDRESS 9399 W. HIGGINS RD., STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE EVP
NAME HILLERY, VINCENT E
STREET ADDRESS 9399 W. HIGGINS RD., STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE AS
NAME KRAKOWSKI, MARY F
STREET ADDRESS 9399 W. HIGGINS RD., STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE SVP
NAME MOHR, JOHN J
STREET ADDRESS 9399 W. HIGGINS RD., STE. 600
CITY-ST-ZIP ROSEMONT, IL 60018

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary F. Krakowski

3/19/04 (847) 685-1120

Date

Daytime Phone #