# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

# FILED Apr 18, 2005 8:00 am Secretary of State

| DOCUMENT # F96000002387  1. Entity Name MIDWEST AIRLINES, INC.  |   |  |           |  |   |                    | 04-18-2005            | 90289 0     | 03 ***150         | 0.00                    |  |
|---|---|--|-----------|--|---|--------------------|-----------------------|-------------|-------------------|-------------------------|--|
| Principal Place of Business<br>6744 S. HOWELL AVE.<br>OAK CREEK, WI 53154-1402  |   | Mailing Address<br>6744 S. HOWELL AVE.<br>OAK CREEK, WI 53154-1402 |           |  | -   |                    |                       |             |                   |                         |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |           |  |   |                    |                       |             |                   |                         |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |           |  |   | 03292005           | Chg-P                 | CR2E0       | 34 (10/03)        |                         |  |
| City & State  |   | City & State   |           |  |   | 4. FEI Number      |                       |             | <u> </u>          | olied For<br>Applicable |  |
| Zip   | Country                                       | Zip  | Countr    |  |   |                    | f Status Desired      |             | \$8.75 Addi       | tional                  |  |
| 6. Name and Address of Current Registered Agent   |   |  |           |  | 7. Name and Address of New Registered Agent |                    |                       |             |                   |                         |  |
|   |   |  |           |  | Name  |                    |                       |             |                   |                         |  |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD BLANTATION FL 23224  |   |  |           | Street Address (P.O. Box Number is Not Acceptable) |   |                    |                       |             |                   |                         |  |
| PLANTATION, FL 33324  |   |  |           |  |   |                    |                       |             |                   | -                       |  |
|   |   |  |           | City FL Zip Code                                   |   |                    |                       |             |                   |                         |  |
|   | named entity submits this statement for       | r the purpose of changing its r                                    | registere | ed office or                                       | register                                    | ed agent, or both  | , in the State of Flo | orida. I am | familiar with,    | and accept              |  |
| SIGNATURE   |   |  |           |  |   |                    |                       |             |                   |                         |  |
| Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |  |           |  |   |                    |                       |             |                   |                         |  |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.         |   |  |           |  |   |                    |                       |             |                   |                         |  |
| 10.   | OFFICERS AND                                  | DIRECTORS  | 11.       | ····   |   | ADDITIONS/         | CHANGES TO OFF        | ICERS AND   |                   |                         |  |
| TITLE   | PCEO  | ☐ Delete   | TITLE     | I  |   |                    |                       |             | Change            | Addition                |  |
| NAME<br>STREET ADDRESS  | HOEKSEMA, TIMOTHY E<br>6744 S. HOWELL AVE.    |  |           | ET ADDRESS   |   |                    |                       |             |                   |                         |  |
| CITY-ST-ZIP   | OAK CREEK, WI                                 |  |           | -ST-ZIP  |   |                    |                       |             |                   |                         |  |
| TITLE   | SVP   | <b>⊠</b> Delete  | TITLE     |  | SVP   |                    | 0                     |             | Change            | ☐ Addition              |  |
| NAME  | BAHLMAN, ROBERT S                             |  | NAME      |  | DICK  | SON, SCO           | IT YO                 |             |                   | _                       |  |
| STREET ADDRESS  | 6744 S. HOWELL AVE.                           |  |           |  |   |                    | ELLAVE.               |             |                   |                         |  |
| CITY-ST-ZIP   | OAK CREEK, WI 53154                           |  | _         |  | OAK   | CREEKI             | WI 53154              |             |                   |                         |  |
| TITLE<br>NAME   | SVP<br>SKORNICKA, CAROL                       | ☐ Delete   | TITLE     |  |   |                    |                       |             | ☐ Change          | ☐ Addition              |  |
| STREET ADDRESS  | 6744 S. HOWELL AVE.                           |  | ii.       | ET ADDRESS   |   |                    |                       |             |                   |                         |  |
| CITY-ST-ZIP   | OAK CREEK, WI 53154                           |  | CITY      | -ST-ZIP  |   |                    |                       |             |                   |                         |  |
| TITLE   | D   | ☐ Delete   | TITLE     |  |   |                    |                       |             | Change            | ☐ Addition              |  |
| NAME  | HOEKSEMA, TIMOTHY E                           |  | NAM       | ſ  |   |                    |                       |             |                   |                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 6744 S HOWELL AVE<br>  OAK CREEK, WI 53154    |  |           | ET ADDRESS<br>-ST-ZIP                              |   |                    |                       |             |                   |                         |  |
| TITLE   | D   | <b>⊠</b> Defete  | TITLE     |  | D   | <del></del>        |                       |             | Change            | Addition                |  |
| NAME  | BAHLMAN, ROBERT S                             |  | NAMI      | E  | DKK   | SONISCOT           | TR                    |             | <b>_</b>          |                         |  |
| STREET ADDRESS  | 6744 S. HOWELL AVE.                           |  | STREET    |  | 674   | 4 S. HOWELL AVE.   |                       |             |                   |                         |  |
| CITY-ST-ZIP   | OAK CREEK, WI 53154                           |  | CITY      | -ST-ZIP  | DATE  | -CREEK,            | WI 53154              |             |                   |                         |  |
| TITLE   | D DEEL/E DAVID C                              | ☐ Delete   | THTLE     | 1  |   |                    |                       |             | ☐ Change          | ☐ Addition              |  |
| NAME<br>STREET ADDRESS  | REEVE, DAVID C<br>5300 S. HOWELL AVE., AP-304 |  | NAM       | E<br>Et address                                    |   |                    |                       |             |                   |                         |  |
| CITY-ST-ZIP   | MILWAUKEE, WI 53207                           |  |           | - ST-ZIP   |   |                    |                       |             |                   |                         |  |
|   | certify that the information supplied with    | this filing does not qualify for                                   |           | !  | ted in Se                                   | ection 119.07(3)(i | ) Florida Statutes    | Lfurther ce | rtify that the in | nformation              |  |

2. I hereby certify that the information supplied with this tiling 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: CENTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylorne Priore #



## MIDWEST AIRLINES, INC.

40060248

#### 6744 South Howell Avenue Oak Creek, WI 53154

#### **Directors:**

Timothy E. Hoeksema

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Scott R. Dickson

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

David C. Reeve

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Curtis E. Sawyer

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Carol Skornicka

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Christopher I. Stone

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154



H0060248

### MIDWEST AIRLINES, INC.

#### 6744 South Howell Avenue Oak Creek, Wisconsin 53154

#### Officers:

Timothy E. Hoeksema, Chairman of the Board, President and Chief Executive Officer

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Scott R. Dickson, Senior Vice President - Chief Marketing Officer

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Curtis E. Sawyer, Senior Vice President, Chief Financial Officer

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

**David C. Reeve**, Senior Vice President – Operations

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Carol Skornicka, Senior Vice President - Corporate Affairs, Secretary & General Counsel

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Christopher I. Stone, Senior Vice President - Human Resources

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Thomas C. Irwin, Vice President - Flight Operations

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Randall Smith, Vice President - Sales & Distribution

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154



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## Mark S. Swearingin, Vice President - Maintenance & Engineering

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Christopher D. White, Vice President - Safety and Regulatory Compliance

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Alex Yarmulnik, Vice President - Chief Information Officer

Business Address:

6744 S. Howell Ave.

Oak Creek, WI 53154

Dennis J. O'Reilly, Treasurer

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154

Christopher S. Hennessy, Controller

**Business Address:** 

6744 S. Howell Ave.

Oak Creek, WI 53154