

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000002387

1. Entity Name
MIDWEST AIRLINES, INC.



Principal Place of Business
6744 S. HOWELL AVE.
OAK CREEK, WI 53154-1402

Mailing Address
6744 S. HOWELL AVE.
OAK CREEK, WI 53154-1402



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1440079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
HOEKSEMA, TIMOTHY E
6744 S. HOWELL AVE.
OAK CREEK, WI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
DICKSON, SCOTT R.
6744 S. HOWELL AVE.
OAK CREEK, WI 53154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
SKORNICKA, CAROL
6744 S. HOWELL AVE.
OAK CREEK, WI 53154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOEKSEMA, TIMOTHY E
6744 S HOWELL AVE
OAK CREEK, WI 53154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DICKSON, SCOTT R.
6744 S. HOWELL AVE.
OAK CREEK, WI 53154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
REEVE, DAVID C
5300 S. HOWELL AVE., AP-304
MILWAUKEE, WI 53207

U00000711515
04/26/07-80008-020 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Curtis E. Sawyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS E. SAWYER (414) 570-4000
Date
04-06-07 Daytime Phone #