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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

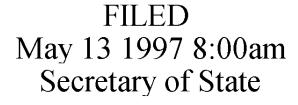
DOCUMENT # P37163

(3)

AMERICA WEST AIRLINES, INC.

Principal Place of Business

Mailing Address





4000 E, SKY HARBOR BLVD. PHOENIX AZ 85034		4000 E. SKY HARBOR BLVD. Phoenix az 85034-3802						
					Date Incorporated or Qualified     01/14/1992	3a. Date of Last 05/01/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	opplied For	
21		26			86-0418245		lot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	·			\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee F	Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		I to Fees	
Zip	Country	Zip	Counti	y	1his corporation has liability for in		s. 199.032,	
24	25	29	30	Florida Statutes Yes X No				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent		
	CORPORATION SYSTEM		8.	l Name				
	0 SOUTH PINE ISLAND ROAD		82 Street Add		uddress (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324				<u>'</u>			
			8:	3				
			8	City	<del></del>	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ve-named cor	rporation submits this statement for the pr		its registered	
office or r	registered agent, or both, in the State	e of Florida. Such change was a	authorized b	by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment a	s registered	
	and detinial with, and accept the cong	ganons of, aconomicon .coco, i ii	onau ciaiai					
SIGNATURE.	Signature, typed or printed name of registered as	jent and title if applicable (NOT	F Registered A	gent signature requ	uired when reinstating)	DA1t		
12.	OFFICERS AN	ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	CEOD	☐ DELETE	1.1 Tille		C/D	💢 Change	Addition	
NAME	FRANKE, WILLIAM A		1.2 NAME					
STREET ADDRESS	4000 E. SKY HARBOR BLVD.			T ADDRESS				
CITY-ST-ZIP	PHOENIX AZ 85034		1.4 City	ST-ZIP				
TITLE	SVP0	X DELETE	2.1 1/116			☐ Change	Addition	
NAME	DERIEG, THOMAS		2.2 NAME					
STREET ADDRESS	4000 E. SKY HARBOR BLVD.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	PHOENIX AZ 85034		2.4 CITY	-ST-ZIP				
TITLE	SVPP	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	VESCUSO, MICHAEL A		3.2 NAME		PLEASE SEE ATTACHE	n cummuc	POP.	
STREET ADDRESS	4000 E. SKY HARBOR BLVD.		3.3 STREE	T ADDRESS			FOR	
CITY-ST-ZIP	PHOENIX AZ 85034		3.4. C(1Y	- ST - ZIP	A COMPLETE LISTING	OF. ALL		
TITLE	SVP	☐ DELETE	4.1 TITLE		OBDIODO INC.	Change	Addition	
NAME	PARKER, DOUGLAS W.		4.2 NAM	ŧ	OFFICERS AND DIREC	TORS.		
STREET ADDRESS	4000 E. SKY HARBOR BLVD.		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	PHOENIX AZ 85034		4.4 CITY-	S1 - 21P				
TITLE		DEFELE	5.1 TALE			☐ Change	Addition	
NAME	}		5.2 NAM					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	8.1 TITLE			☐ Change	Addition	
NAME			6.8 NAME	:				
STREET ADDRESS			6.3 STRE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY					
	4							

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.

### , AMERICA WEST AIRLINES, INC. CORPORATE OFFICERS AT APRIL 1, 1997

\* President and and Chief Executive Officer Richard R. Goodmanson

Senior Vice President and Chief Financial Officer W. Douglas Parker

Senior Vice President, Operations Robert A. Aramini

Senior Vice President Human Resources Michael A. Vescuso

Senior Vice President Marketing and Sales John R. Garel

Senior Vice President Legal Stephen L. Johnson

Vice President and Controller

Michael R. Carreon

Vice President and Treasurer Iacques C. Lazard

Vice President Financial Planning and Analysis Bernard L. Han

Vice President Operations Planning Robert Isom Vice President Flight Operations Edward M. Methot

Vice President Stations Mark Gurney

Vice President Inflight Services Anthony V. Mulé

Vice President Maintenance/Engineering Frank Tucci

Vice President Market Planning Kevin Short

Vice President Public Affairs C.A. Howlett

Vice President Labor Relations Gregory M. Garger

Vice President Sales Ron Cole

Corporate Secretary
Patricia A. Penwell

BUSINESS ADDRESS OF ALL OF THE ABOVE:

c/o America West Airlines, Inc. 4000 E. Sky Harbor Blvd. Phoenix, AZ 85034

<sup>\*</sup> Also on Board of Directors

## , AMERICA WEST AIRLINES, INC. OUTSIDE DIRECTORS AT APRIL 1, 1997

Chairman of the Board William A. Franke Board Member Richard C. Kraemer

Board Member

Julia Chang Bloch

Board Member John R. Power, Jr.

**Board Member** 

Stephen F. Bollenbach

Board Member Larry R. Risley

Board Member

Frederick W. Bradley, Jr.

Board Member Frank B. Ryan

Board Member James G. Coulter

Board Member Richard P. Schifter

Board Member John F. Fraser

Board Member John F. Tierney

Board Member John L. Goolsby

Board Member Raymond S. Troubh

#### ADDRESS OF ALL OF THE ABOVE:

c/o America West Airlines, Inc. 4000 E. Sky Harbor Blvd. Phoenix, AZ 85034

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FI	LE NOW: FILI	NG FEE AFTEF	R MAY 1 IS \$	550	)				
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMEI Sandra B. Mo Socretary of S DIVISION OF CORP		STATE				
•	INGIIIG	3936	(3)						
SHERWO	OOD MEDICAL CO	OMPANY			1				
831 OLIVE ST.		1831	Mailing Address 1831 OLIVE ST. ST. LOUIS MO 63103-1722						
				Ī			3. Date Incorporated or Qualified 08/30/1982	3a. Date of La 05/01/199	•
. Principal Pi	lace of Business	2a. M	ailing Address				4. FEI Number 13-3106295		Applied For Not Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional c Required
City & State	9		ity & State				Election Campaign Financing     Trust Fund Contribution	<u>\$</u> 5.	00 May Be
Zip	Countr 25		· •	Oountry 30			8. This corporation has liability for		ler s. 199.032,
		ess of Current Register	ed Agent	81	Name		10. Name and Address of New Re	gistered Agent	
	I HAYS STREET	PRPORATION SYSTEM	WINC.	82		Address	s (P.O. Box Number is Not Acceptat	ole)	
	TE 105 Lahassee FL 32301	1		83					
IAU	LANAGGEE FE 32301			84	City		. Note that I was the state of	85	Zip Code
I1. Pursuant	to the provisions of Soc	, lious 607 0502 and 607	1508 Florida Statute		•	cornora	ation submits this statement for the o		•
office or r agent. I a	egistered agent, or both m familiar with, and acc	i, in the State of Florida. copt the obligations of, S	Such change was au ection 607.0505, Flor	ithorized by ida Statuto	the corps.	poration	ation submits this statement for the p 's board of directors. I hereby accep	of the appointmen	t as registered
SIGNATURE	Stonalure Ivoed or printed pany	e of registured agent and title if a	nelicable "INOTE:	Registered Age	at signature	required v	when reinstating)	DATE	
12.		FFICERS AND DIRECTO	ORS _	13.		,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
TITLE NAME	V Considine, John	10	☐ DELETE	1.1 THEF 1.2 NAME				Char	nge Addition
STREET ADDRESS	FIVE GIRALDA FAF			1.8 STREET	ADDRESS				
CITY-ST-ZIP	MADISON NE	CONTRACTOR CONTRACTOR OF THE CONTRACTOR CONT		1.4 CITY-S			15 10 F 10 F 10 F 10 F 1 F 10 F 1 F 10 F		arente commente e accesso a
TITLE	T DOUMAN PENNET	PLI 14/	☐ DELF1E	2.1 THE				L Char	nge Addition
NAME Street address	ROHMAN, KENNET 1915 OLIVE STREE			2.2 NAME 2.8 STREET	ADDRESS				
CITY-ST-7IP	ST. LOUIS MI			2. 4 CITY-					
TITLE	PD		DELETE	3.4 THUE				☐ Char	nge 🔲 Addition
NAME	LOW, D. A. 1915 OLIVE ST			3.2 NAME	ADDULCC				
STREET ADDRESS City-St-Zip	ST. LOUIS MO			3.3 \$1 REE1 3.4 City-:					
TITLE	8		DELETE	4.5 TITLE			SECRETORY	Char	nge 🔲 Addition
NAME	EMERLING, C. G.	0140		4. 2 NAMI		LA	ch, ELIEN M	·	
STREET ADDRESS	FIVE GIRALDO FAI MADISON NJ	CMF		4.8 STREET 4.4 CITY - S		MA	UE GIRALON FARMS DISON, N.J		
DITY-ST-ZIP TITLE	VP		☐ DEL FTE	5.4 Till E	1.64	1,77	0, <del>0</del> , 1 , 1	Char	nge Addition
NAME	POLITOWSKI, ALA	N J.		5.2 NAMI					
STREET ADDRESS	1915 OLIVE ST			5.B STREET					
CITY-ST-ZIP FITLE	ST.LOUIS MO VP		DELETE	5.4 CITY - S 6.1 TITLE	1 - <b>2</b> 1F	<b>.</b>		Char	nge 🔲 Addition
NAMÉ :	NEE, THOMAS M.			6.P NAME				L VIII	-g
STREET ADDRESS	FIVE GIRALDA FAI	RMS		6.3 STREET	ADDRESS				

OTY-ST-ZIP MADISON NJ

14. I do hereby certify that the information supplied with this filing cloes 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 eath 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. one MAICE Vie Bouret 11/28/07

STREET ADDRESS