

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90213 019 ***150.00

05/8/02
AT

DOCUMENT # 842555

1. Entity Name
SWISSPORT USA, INC.

Principal Place of Business
**45025 AVIATION DRIVE, SUITE 350
DULLES VA 20166
US**

Mailing Address
**45025 AVIATION DRIVE, SUITE 350
DULLES VA 20166
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04-2485091

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IVEY, ANTHONY D. 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BODENMANN, ERICH 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUHIMANN, ANDREAS 45025 AVIATION DRIVE STE 350 DULLES VA 20166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOGAN, GEORGE S. 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYER, THOMAS A 45025 AVIATION DRIVE STE 350 DULLES VA 20166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE, BILLY R 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDY MILNER 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWN ELLIOTT OAKLEY 45025 AVIATION DR STE 350 DULLES VA 20166	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hogan, George S. 45025 AVIATION DR STE 350 DULLES VA 20166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lindy Milner **LINDY MILNER** 3/26/02 703-742-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)