2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 842555

1. Entity Name
SWISSPORT USA, INC.

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

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2485091
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MILNER, LINDY
STREET ADDRESS	45025 AVIATION DR STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	SD
NAME	OAKLEY, DAWN E
STREET ADDRESS	45025 AVIATION DR STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	D
NAME	BUHIMANN, ANDREAS
STREET ADDRESS	45025 AVIATION DRIVE STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	PD
NAME	BDENMANN, ERICH
STREET ADDRESS	45025 AVIATION DR STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	VP
NAME	BERTELLI, DENNIS
STREET ADDRESS	45025 AVIATION DRIVE STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	VP
NAME	FOWLER, HOWARD
STREET ADDRESS	45025 AVIATION DR STE 350
CITY-ST-ZIP	DULLES, VA 20166

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02/04/05-80004-006 150.00

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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: _____ LINDY MILNER 01/26/05 703-742-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #