

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 842555 1. Entity Name SWISSPORT USA, INC.	
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Principal Place of Business 45025 AVIATION DRIVE, SUITE 350 DULLES, VA 20166 US	Mailing Address 45025 AVIATION DRIVE, SUITE 350 DULLES, VA 20166 US
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000501834 04/25/06-80079-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNER, LINDY 45025 AVIATION DR STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OAKLEY, DAWN E 45025 AVIATION DR STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUHMANN, ANDREAS 45025 AVIATION DRIVE STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BDENMANN, ERICH 45025 AVIATION DR STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERTELLI, DENNIS 45025 AVIATION DRIVE STE 350 DULLES, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, HOWARD 45025 AVIATION DR STE 350 DULLES, VA 20166

**DO NOT WRITE
IN THIS SPACE**

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: LINDY MILNER 04/04/06 703-742-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #