

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856021

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SWISSPORT CFE, INC.

**Current Principal Place of Business:**

45025 AVIATION DRIVE  
SUITE350  
DULLES, VA 20166 US

**New Principal Place of Business:**

**New Mailing Address:**

45025 AVIATION DRIVE  
SUITE350  
DULLES, VA 20166 US

**Current Mailing Address:**

45025 AVIATION DRIVE  
SUITE 350  
DULLES, VA 20166 US

FEI Number: 52-0848837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: VAN BRUYGOM, RICHARD  
Address: 45025 AVIATION DR DTE 350  
City-St-Zip: DULLES, VA 20166

Title: T ( ) Delete  
Name: HAYDEN, BRUCE C  
Address: 45025 AVIATION DR., SUITE #350  
City-St-Zip: DULLES, VA 20166

Title: S ( ) Delete  
Name: OAKLEY, DAWN E  
Address: 45025 AVIATION DRIVE, STE 350  
City-St-Zip: DULLES, VA 20166

Title: D ( ) Delete  
Name: BODENMANN, ERICH  
Address: 45025 AVIATION DRIVE, SUITE 350  
City-St-Zip: DULLES, VA 20166

Title: P ( ) Delete  
Name: CAMPBELL, FRED  
Address: 45025 AVIATION DRIVE, SUITE 350  
City-St-Zip: DULLES, VA 20166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOD (X) Change ( ) Addition  
Name: VAN BRUYGOM, RICHARD  
Address: 45025 AVIATION DR STE 350  
City-St-Zip: DULLES, VA 20166

Title: TD (X) Change ( ) Addition  
Name: HAYDEN, BRUCE C  
Address: 45025 AVIATION DR., SUITE #350  
City-St-Zip: DULLES, VA 20166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. HAYDEN

TD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date