2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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SIGNATURE AND TYPED OR

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #B98000000665** 1. Entity Name SWISSPORT CARGO SERVICES, L.P. 06 APR 24 AM 10: 39 Principal Place of Business Mailing Address 45025 AVIAION DRIVE 45025 AVIAION DRIVE DULLES, VA 20166-7557 DULLES, VA 20166-7557 2. Principal Place of Business 3. Mailing Address 45025 AVIATION DRIVE 45025 AVIATION DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 95-4687865 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # F94000001437 STREET ADDRESS SWISSPORT CARGO SERVICES, INC. NAME 45025 AVIAION DRIVE, STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DULLES, VA 201667557** DOCUMENT # 100074076601 STREET ADDRESS NAME 05/05/06--01938--028 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes MILNER YOUL SIGNATURE: 4