

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90063 006 \*\*\*150.00

**DOCUMENT # F94000001437**

1. Entity Name

SWISSPORT CARGO SERVICES, INC.



Principal Place of Business

45025 AVIATION DRIVE SUITE 350  
DULLES VA 20166-7557  
US

Mailing Address

45025 AVIATION DRIVE SUITE 350  
DULLES VA 20166-7557  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete  
NAME BODENMANN, ERICH  
STREET ADDRESS 45025 AVIATION DRIVE SUITE 350  
CITY-ST-ZIP DULLES VA 20166-7557

TITLE S ☐ Delete  
NAME OAKLEY, DAWN E  
STREET ADDRESS 45025 AVIATION DRIVE SUITE 350  
CITY-ST-ZIP DULLES VA 20166-7557

TITLE T ☐ Delete  
NAME MILNER, LINDY  
STREET ADDRESS 45025 AVIATION DRIVE SUITE 350  
CITY-ST-ZIP DULLES VA 20166-7557

TITLE D ☐ Delete  
NAME BODENMANN, ERICH  
STREET ADDRESS 45025 AVIATION DRIVE SUITE 350  
CITY-ST-ZIP DULLES VA 20166-7557

TITLE D ☐ Delete  
NAME BERTSCH, LUDWIG  
STREET ADDRESS SWISSPORT INT'L LTD BK  
CITY-ST-ZIP ZURICH SWITZERLAND CH-8058

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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* LINDY MILNER

3/19/04

703-742-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #