

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0316648	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 STREET TALLAHASSEE, FL 32301

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IN THIS SPACE**

3. 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)

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

000000502217
04/25/06-80095-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BODENMANN, ERICH 45025 AVIATION DRIVE SUITE 350 DULLES, VA 201667557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OAKLEY, DAWN E 45025 AVIATION DRIVE SUITE 350 DULLES, VA 201667557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNER, LINDY 45025 AVIATION DRIVE SUITE 350 DULLES, VA 201667557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODENMANN, ERICH 45025 AVIATION DRIVE SUITE 350 DULLES, VA 201667557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTSCH, LUDWIG SWISSPORT INT'L LTD BK ZURICH SWITZERLAND CH-8058.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #