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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION OJSC TRANSAERO AIRLINES CO.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: OJSC TRANSAERO AIRLINES CO.	
(Name of Corporation) DOCUMENT NUMBER: F10000001897	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	
TRACEE COTTON	
(Name of Person)	
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	
(Name of Firm/Company)	
16 COURT ST 14TH FLOOR	
(Address)	
BROOKLYN, NY 11241	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TRACEE COTTON (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for OJSC TRANSAERO AIRLINES CO.
(Name of Corporation)
F1000001897
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Jenathan (Signature of Resigning Agent) All Estates
If signing on behalf of an entity:
ZEINA HASSOUN 결과 출
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314