

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004596

Entity Name: FMT AIRCRAFT GATE SUPPORT SYSTEMS AB, A SWEDISH LIMITED LIABILITY COMPANY**Current Principal Place of Business:**DALASLINGAN 8
SE- 231 32 TRELLEBORG,**Current Mailing Address:**DALASLINGAN 8
SE- 231 32 TRELLEBORG, SE**FEI Number: 98-0495866****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CFRA, LLC
100 S. ASHLEY DRIVE, STE. 400
TAMPA, FL 33602 US*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

Authorized Person(s) Detail :

Title DIRECTOR, CHAIRMAN OF THE BOARD
Name GORANSSON, PETER CLAES GORAN
Address DALASLINGAN 8
City-State-Zip: SE- 231 32 TRELLEBORG

Title AUDITOR
Name LOFGREN, BENGT ANDERS
Address DALASLINGAN 8
City-State-Zip: SE- 231 32 TRELLEBORG

Title DIRECTOR
Name WISTRAND, BROR TOMAS TORBJORN
Address DALASLINGAN 8
City-State-Zip: SE- 231 32 TRELLEBORG

Title DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER, MANAGING DIRECTOR

Name THELANDER, PER THORE
Address DALASLINGAN 8
City-State-Zip: SE- 231 32 TRELLEBORG

Title DEPUTY AUDITOR
Name SVENSON, THOMAS CARL BROR
Address DALASLINGAN 8
City-State-Zip: SE- 231 32 TRELLEBORG

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PER THORE THELANDER**PRESIDENT****09/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date