

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M12000004596

**Entity Name:** FMT AIRCRAFT GATE SUPPORT SYSTEMS AB, A SWEDISH  
LIMITED LIABILITY COMPANY**Current Principal Place of Business:**DALASLINGAN 8  
231 32 TRELLEBORG,**Current Mailing Address:**DALASLINGAN 8  
231 32 TRELLEBORG, SE**FEI Number:** 98-0495866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 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 KOLLERT, SVEN PETER  
Address BIRGER JARLSGATAN 20  
City-State-Zip: 216 12 LIMHAMN

Title PRINCIPALLY RESPONSIBLE AUDITOR  
Name ANVELID, PER-ERIC THOMAS  
Address STJARNDALAVAGEN 4  
City-State-Zip: 236 34 HOLLVIKEN

Title DIRECTOR  
Name FALLMAN, KARL ANDERS  
Address KARLAPLAN 12 LGH 1302  
City-State-Zip: 115 20 STOCKHOLM

Title DIRECTOR, MANAGING DIRECTOR  
Name THELANDER, PER THORE  
Address HOLLVIKSTRANDSVAGEN 69 B  
City-State-Zip: 236 38 HOLLVIKEN

Title DIRECTOR  
Name BERGGREN, DAVID MARTIN  
Address SJODALAVAGEN 16  
City-State-Zip: 233 35 SVEDALA

*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

MANAGING DIRECTOR

05/24/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date