

**2015 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: PETER CLAES GORAN GORANSSON****CHAIRMAN OF THE  
BOARD****03/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date