

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90063 005 ***150.00

DOCUMENT # 856021

1. Entity Name

SWISSPORT CFE, INC.



Principal Place of Business

45025 AVIATION DR., SUITE 350
DULLES VA 20166
US

Mailing Address

45025 AVIATION DR., SUITE 350
DULLES VA 20166
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

52-0848837

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 ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	BODENMANN, ERICH	
STREET ADDRESS	45025 AVIATION DR DTE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JOHN E.	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILNER, LINDY	
STREET ADDRESS	45025 AVIATION DR., SUITE #350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIOT OAKLEY, DAWN	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBON, JOSEPH I	
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULMANN, ANDREAS	
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 350	
CITY-ST-ZIP	DULLES VA 20166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

LINDY MILNER

3/19/04

703-742-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #