

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90018 048 ***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**

50012103



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BODENMANN, ERICH
STREET ADDRESS	45025 AVIATION DR DTE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	T
NAME	MILNER, LINDY
STREET ADDRESS	45025 AVIATION DR., SUITE #350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	S
NAME	ELLIOT OAKLEY, DAWN
STREET ADDRESS	45025 AVIATION DR, STE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	D
NAME	ALBON, JOSEPH I
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	D
NAME	BULMANN, ANDREAS
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 350
CITY-ST-ZIP	DULLES, VA 20166
TITLE	P
NAME	FRED CAMPBELL
STREET ADDRESS	45025 AVIATION DR, STE 350
CITY-ST-ZIP	DULLES VA 20166

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDY MILNER

01/26/05

703-742-4330

Date

Daytime Phone #