2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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

04042006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

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

U00000501841
04/25/06-80079-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	BODENMANN, ERICH
STREET ADDRESS	45025 AVIATION DR STE 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	CAMPBELL, FRED
STREET ADDRESS	45025 AVIATION DR STE 350
CITY-ST-ZIP	DULLES, VA 20166

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 04/04/06 703-742-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #