

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90269 034 \*\*\*158.75

**DOCUMENT # F00000006390**

1. Entity Name  
**GEMINI AIR CARGO, INC.**



Principal Place of Business  
**WASHINGTON DULLES INTERNATIONAL AIRPORT  
44965 AVIATION DRIVE, SUITE 300  
DULLES, VA 20166**

Mailing Address  
**WASHINGTON DULLES INTERNATIONAL AIRPORT  
44965 AVIATION DRIVE, SUITE 300  
DULLES, VA 20166**

**04045317**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2069248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CORCORAN, THOMAS 44965 AVIATION DRIVE, SUITE 300 DULLES, VA 20166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KUTZKE, WILLIAM A 44965 AVIATION DRIVE, SUITE 300 DULLES, VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAGGETT, BRIAN 44965 AVIATION DRIVE, SUITE 300 DULLES, VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS, JAMES 44965 AVIATION DRIVE, SUITE 300 DULLES, VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRETT, WILLIAM A 44965 AVIATION DRIVE, SUITE 300 DULLES, VA 20166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corcoran, Thomas 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Woodward, Samuel 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Howe, Karen E. 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Creston, Donald P. 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Reamy, Christopher J 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mills, Fred 44965 Aviation Drive, Suite 300 Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Karen E. Howe* *Karen E. Howe* *4/28/04* *763-260-8241*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Alt to e-mail*

*54045317*  
*1-000000006390*

**Additional Officers and Directors**

Title: V ☐ Change ☒ Addition  
Name: Saleh, Rima  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: V ☐ Change ☒ Addition  
Name: Wilson, Robert E.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: V ☐ Change ☒ Addition  
Name: Woolley, Paul F.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: D ☐ Change ☒ Addition  
Name: D'Aniello, Daniel A.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: D ☐ Change ☒ Addition  
Name: Ledford, Gregory S.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: D ☐ Change ☒ Addition  
Name: Neff, Robert A.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: D ☐ Change ☒ Addition  
Name: Hatton, Frederick L.  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166

Title: D ☐ Change ☒ Addition  
Name: Fariborz, Mark  
Street Address: 44965 Aviation Drive, Suite 300  
City - ST - Zip: Dulles, VA 20166