

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 A
Secretary of State

DOCUMENT # F05000003457

1. Entity Name
**LUFTHANSA TECHNIK NORTH AMERICA HOLDING,
CORP.**



Principal Place of Business

**5100 EAST SKELLY DR.
SUITE 570
TULSA, OK 74135**

Mailing Address

**5100 EAST SKELLY DR.
SUITE 570
TULSA, OK 74135**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2206296

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**

**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)

000000004426

01/29/07-20056-013 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	KOWALEWSKI, BERND
STREET ADDRESS	5100 EAST SKELLY DR., SUITE 570
CITY-ST-ZIP	TULSA, OK 74135
TITLE	D
NAME	JANSEN, PETER
STREET ADDRESS	HAM TV WEG BEIM JAGER 193 D-22335
CITY-ST-ZIP	HAMBURG, GERMANY,
TITLE	D
NAME	WACHHOLZ, KLAUS
STREET ADDRESS	HAM TV WEG BEIM JAGER 193 D-22335
CITY-ST-ZIP	HAMBURG, GERMANY,
TITLE	S
NAME	TROWER, TROY
STREET ADDRESS	5100 EAST SKELLY DR., SUITE 570
CITY-ST-ZIP	TULSA, OK 74135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Troy Trower Troy Trower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-07

Daytime Phone #

918-835-4591