2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# F05000003457

Entity Name: LUFTHANSA TECHNIK NORTH AMERICA HOLDING, CORP.

Current Principal Place of Business:

5100 EAST SKELLY DR.
SUITE 570
TULSA, OK 74135

New Principal Place of Business:

Current Mailing Address:

5100 EAST SKELLY DR.
SUITE 570
TULSA, OK 74135

New Mailing Address:

FEI Number: 52-2206296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	KOWALEWSKI, BERND	
Address:	5100 EAST SKELLY DR., SUITE 570	
City-St-Zip:	TULSA, OK 74135	
Title:	D	( ) Delete
Name:	JANSEN, PETER	
Address:	HAM TV WEG BEIM JAGER 193 D-22335	
City-St-Zip:	HAMBURG, GERMANY,	
Title:	DST	( ) Delete
Name:	WACHHOLZ, KLAUS	
Address:	5100 EAST SKELLY DR, SUITE 570	
City-St-Zip:	TULSA, OK 74135	
Title:	D	( ) Delete
Name:	TROWER, TROY	
Address:	C/O LUFTHANSA TECHNIK PHILIPPINES, INC	
City-St-Zip:	PASAY CITY, PH 1309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DAST	(X) Change ( ) Addition
Name:	WACHHOLZ, KLAUS	
Address:	5100 EAST SKELLY DR, SUITE 570	
City-St-Zip:	TULSA, OK 74135	
Title:	DS	(X) Change ( ) Addition
Name:	TROWER, TROY	
Address:	C/O LUFTHANSA TECHNIK PHILIPPINES, INC	
City-St-Zip:	PASAY CITY, PH 1309	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L. PASCOE, ACP, AS AGENT FOR AS AS 01/19/2009

Electronic Signature of Signing Officer or Director — Date