


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 030 \*\*\*550.00

**DOCUMENT # F07000002787**

1. Entity Name  
**LUFTHANSA SYSTEMS INFRASTRUCTURE SERVICES INC.**



Principal Place of Business  
**1950 N STEMMONS FREEWAY  
 STE 2023  
 DALLAS, TX 75207**

Mailing Address  
**1950 N STEMMONS FREEWAY  
 STE 2023  
 DALLAS, TX 75207**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**6191 N STATE HWY 161  
 TAX DEPT - KENT CAIN  
 IRVING TX  
 75038**

Country  
**USA**

08052008 Chg-P CR2E034 (12/06)

4. FEI Number  
**30-0411153**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPITOL CORPORATE SERVICES, INC.  
 155 OFFICE PLAZA DR  
 STE A  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 12, 2008**

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	PC JUNG, MARKUS 1950 N STEMMONS FREEWAY - STE 2023 DALLAS, TX 75207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WESTER, MICHAEL 1950 N STEMMONS FREEWAY - STE 2023 DALLAS, TX 75207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUNG, MARCUS 1950 N STEMMONS FREEWAY - STE 2023 DALLAS, TX 75207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **8/5/08** DAYTIME PHONE #: **972-793-9047**