

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000179

Entity Name: SWISSPORT SA, LLC**Current Principal Place of Business:**45025 AVIATION DRIVE, SUITE 350
DULLES, VA 20166**Current Mailing Address:**45025 AVIATION DRIVE, SUITE 350
DULLES, VA 20166 US**FEI Number: 11-3319570****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Authorized Person(s) Detail :

Title PRESIDENT, CEO
Name NASR, DANY
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title CFO
Name HARGETT, MICHAEL
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title TREASURER
Name JOYCE, KEVIN
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title SECRETARY
Name OAKLEY, DAWN
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title VP
Name MENA, FRANK
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title VP
Name LARREUR, ROGER
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title VP
Name NORRIS, MARK
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title VP
Name KILCHHERR, MICHAEL
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN K JOYCE**TREASURER****03/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name SOROCHTY , CHRISTIAN
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166

Title VP
Name JACOBSEN, FREDERIK
Address 45025 AVIATION DRIVE, SUITE 350
City-State-Zip: DULLES VA 20166