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To: Division of Corporations  
 Fax Number : (850) 617-6380

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800) 221-2972  
 Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
 OJSC TRANSAERO AIRLINES CO.**

Certificate of Status	0
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AUG 15 2018

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OJSC TRANSAERO AIRLINES CO.  
(Name of Corporation)

**DOCUMENT NUMBER:** F10000001897

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**TRACEE COTTON**

(Name of Person)

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

(Name of Firm/Company)

**16 COURT ST 14TH FLOOR**

(Address)

**BROOKLYN, NY 11241**

(City/State and Zip Code)

For further information concerning this matter, please call:

**TRACEE COTTON** at **800** **221-2972 X1550**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
(Name of Registered Agent)

hereby resigns as Registered Agent for OJSC TRANSAERO AIRLINES CO.  
(Name of Corporation)

F10000001897  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

ZEINA HASSOUN  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

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TALLAHASSEE, FLORIDA

**Fee for filing this document:**  
\$87.50 - Active Corporation  
\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314