2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2004 8:00 am **Secretary of State DOCUMENT #812711** 05-05-2004 90221 047 ***150.00 1. Entity Name **ROCKETDYNE INC** Principal Place of Business Mailing Address 24069754 100 N RIVERSIDE 100 N RIVERSIDE 5003-455T 5003-4551 CHICAGO, IL 60606 CHICAGO, IL 60606 US 2. Principal Place of Business 3. Mailing Address MSuite, Apt. #, etc MC 5003-1 04272004 CR2E034 (10/03) Chg-P 5002 City & State City & State 4. FEI Number Applied For 95-2417482 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY ---Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE المنازلة أأراطه الأ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 -Trust Fund Contribution. . Added to Fees 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change - 🔲 Addition JOHNSON, JAMES C NAME NAME STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS <♥Y-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE Treasurer 🗶 Delete TITLE ☐ Change Addition Addition GEOTFINI CAT PENTOR 100 N. EVERA DE PLAZA Chica you Til TEDIOD P NAME SEAMANS, RICHARD C NAME STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS CITY-ST-7IP CHICAGO, IL 60606 CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME KINSCHERFF, R. PAUL James 2rust NAME STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS CITY-ST-7IP CHICAGO, IL 60606 CITY-ST-ZIP TITLE 🙀 Delete Change ■ Addition GARY GUKEN BROWN, KATHERINE NAME NAME STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE Delete Delete Change ☐ Addition NAME LOMBARDI, MARCIE N NAME STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS CITY-ST-7IP CHICAGO, IL 60606 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME KOELLNER, LAURETTE NAME March 1987 STREET ADDRESS 100 N RIVERSIDE STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

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