FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

(763) 634-1700

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 823136

(7)

ROLLS-ROYCE INC.

SIGNATURE:

25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 28 Country 29 30 Florida Statutes Plorida Statutes Plorida Statutes Plorida Statutes Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 13-2614137 5. Certificate of Status Desired Fee 6. Election Campaign Financing Trust Fund Contribution Adde Florida Statutes 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83	Report Applied For Not Applica Additional Required May Be d to Fees s. 199.032,
RESTON VA 20160-9624 3. Date Incorporated or Qualified 19a. Date of Les 07/29/1969 (02/29/1969) 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 13-2614137 Selec. Ayal #, etc. Suito Aprt. #, olc. 5. Certificate of Status Desired 58.71 City & State 5. Certificate of Status Desired 58.72 City & State 6. Election Campaign Financing 55.0 Trust Fund Contribution Add Certificate of Status Desired 56. Election Campaign Financing 75.0 Add 74.9 Country 8. This corporation has liability for intangible tax under Fiorida Statutes 51. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name a	Applied For Not Applica i Additional Required O May Be d to Fees s. 199.032,
2. Principal Place of Business 2e. Mailing Address 4. FEI Number 13-2614137	Applied For Not Applica i Additional Required O May Be d to Fees s. 199.032,
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29 39 39 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 SUITE 105 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes. SIGNATURE Section (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 NAME 12 NAME 11911 FREEDOM DR, SUITE 600 13 SIRECT ADDRESS 12 NAME 11911 FREEDOM DR, SUITE 600 13 SIRECT ADDRESS 14 CITY-ST-ZIP Change Street Address (P.O. Box Number is Not Acceptable) Change Street Address (P.O. Box Number is Not Acceptable) 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 SIRECT ADDRESS 13 SIRECT ADDRESS 13 SIRECT ADDRESS 13 SIRECT ADDRESS 14 CITY-ST-ZIP Change Street Address (P.O. Box Number is Not Acceptable) Change Street Address (P.O. Box Number is Not Acceptable) 13 SIRECT ADDRESS 13 SIRECT ADDRESS 14 CITY-ST-ZIP Change Street Address 14 CI	p Code its registered as registered DRS IN 12
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	its register as registered DRS IN 12
SUITE 105 TALLAHASSEE FL 32301 B4 City FL 85 Zi 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Section Sect	its register as registered DRS IN 12
### City #### City ### City #### City #### City #### City #### City ##### City ######## City ####################################	its register as registered DRS IN 12
11. Pursuant to the provisions of Sections 607 0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SOURCE TO SECTION SOURCE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THEE SANDFORD, JOHN W. 12 NAME STREET ADDRESS CITY- ST- ZIP THEE SO DELETE 1.1 TITLE Chang NAME SULLIVAN, MARY S. 12 NAME SULLIVAN, MARY S. 11911 FREEDOM DR STREET ADDRESS CITY- ST- ZIP RESTON VA 22 NAME 23 STREET ADDRESS CITY- ST- ZIP THEE VD DELETE 31 TITLE Chang Chan	its register as registered DRS IN 12
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE STREET ADDRESS TILLE PD0 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILLE NAME SANDFORD, JOHN W. 12 NAME 11911 FREEDOM DR, SUITE 800 13 STREET ADDRESS CITY ST-ZIP TILLE SO DELETE 1.1 TITLE 1.2 TITLE Chang AMME SULLIVAN, MARY S. 22 NAME STREET ADDRESS CITY ST-ZIP RESTON VA 1911 FREEDOM DR SULLIVAN, MARY S. 23 STREET ADDRESS CITY ST-ZIP RESTON VA DELETE 31 TITLE Chang	as registered
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Section 1/2 in disciplination of the granted agent little in applicable. (NOTE Registered Agent signature required when reinstating) DATE	as registered
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NAME GIBSON, PETER F 5.2 NAME DALE, THOMAS P.	
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CITY-ST-ZIP RESTON VA 22090 54 CITY-ST-ZIP RESTON VA 22090	
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NAME WINTERS, ROBERT J. 6.2 NAME	
STREET ADDRESS 11911 FREEDOM DR SUITE 600 6.3 STREET ADDRESS	
CITY-ST-7IP RESTON VA 6.4 CITY-ST-7IP	
14. I do 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 the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made.	at the
Lam 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 m	inder oath;