

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90049 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 823136

1. Corporation Name
ROLLS-ROYCE INC.



Principal Place of Business 11911 FREEDOM DR. #600 RESTON VA 20190 US	Mailing Address 11911 FREEDOM DR. #600 RESTON VA 20190 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1969	4. FEI Number 13-2614137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 its 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDO	<input type="checkbox"/> DELETE
NAME	GUYETTE, JAMES M.	
STREET ADDRESS	11911 FREEDOM DR, SUITE 600	
CITY-ST-ZIP	RESTON VA	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MARY S.	
STREET ADDRESS	11911 FREEDOM DR	
CITY-ST-ZIP	RESTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHETTON, DAVID J	
STREET ADDRESS	11911 FREEDOM DR SUITE 600	
CITY-ST-ZIP	RESTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN F	
STREET ADDRESS	11911 FREEDOM DR, SUITE 600	
CITY-ST-ZIP	RESTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DALE, THOMAS P.	
STREET ADDRESS	11911 FREEDOM DRIVE, SUITE 600	
CITY-ST-ZIP	RESTON VA	
TITLE	O	<input type="checkbox"/> DELETE
NAME	WINTERS, ROBERT J.	
STREET ADDRESS	11911 FREEDOM DR SUITE 600	
CITY-ST-ZIP	RESTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRESIDENT - NOT A DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT NOT A DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VICE PRESIDENT NOT A DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD J. ADDI
6.3 STREET ADDRESS	11911 FREEDOM DR.
6.4 CITY-ST-ZIP	RESTON VA 20190

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Agulla SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/25/99 Daytime Phone #: (703) 834-1700

CR2E034 (1/98)