2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT #823136** 1. Entity Name ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. 5-11-2001 90304 041 ***150.00 Principal Place of Business Mailing Address 11911 FREEDOM DR. #600 11911 FREEDOM DR. #600 AAATAAT RESTON VA 20190 RESTON VA 20190 US 2. Principal Place of Business 3. Mailing Address 14 850 CONFERENCE CTR OC 14850 CONFERENCE CTR DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 100 SUITE 100 City & State City & State Applied For 4. FEI Number 13-2614137 CHANTILLY CHANTILLY Not Applicable Zip V A Country Country \$8.75 Additional 5. Certificate of Status Desired 20151 Fee Required 20151 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable · (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PDO** Change ☐ Addition TITLE ☐ Delete TITLE NAME GUYETTE, JAMES M. NAME 14856 CONFERENCE CTR DR STREET ADDRESS 11911 FREEDOM DR, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANTILLY , VA 20151 RESTON VA TITLE ☐ Delete Addition NAME SULLIVAN, MARY S. NAME 14850 CONFERENCE CTR OR STREET ADDRESS 11911 FREEDOM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANTILLY VA 20151 RESTON VA TITLE Delete TITLE NAME WHETTON, DAVID J NAME STREET ADDRESS 11911 FREEDOM DR SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RESTON VA **VP** TITLE ☐ Change ☐ Addition TITLE Delete NAME BRADY, MARK NAME STREET ADDRESS STREET ADDRESS 11911 FREEDOM DR, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP RESTON VA 20190 TITLE Delete Change ☐ Addition TITLE DALE, THOMAS P. 14850 CONFERENCE CTR OR. STREET ADDRESS STREET ADDRESS 11911 FREEDOM DRIVE, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP CHAMFILLY VA 20151 **RESTON VA** TITLE 0 ☐ Delete TITLE Change Addition NAME ADDI, RICHARD J NAME 14450 CONFERENCE ETR OR STREET ADDRESS STREET ADDRESS 11911 FREEDOM DR CITY-ST-ZIP CHANTILLY VA 20151 CITY-ST-ZIP **RESTON VA 20190**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY S. SULLIVAN