

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 829001

1. Corporation Name
NORTH AMERICAN ROCKWELL CORPORATION

Principal Place of Business
**625 LIBERTY AVENUE
PITTSBURGH PA 15222-0123**

Mailing Address
**625 LIBERTY AVENUE
PITTSBURGH PA 15222-0123**

2. Principal Place of Business
21 **600 Anton Boulevard**
Suite, Apt. #, etc.
22 **Suite 700**
City & State
23 **Costa Mesa, CA**
Zip
24 **92628** Country
25 **USA**

2a. Mailing Address
26 **c/o Arthur Andersen LLP**
Suite, Apt. #, etc.
27 **633 W. Fifth St., 26th Fl.**
City & State
28 **Los Angeles, CA**
Zip
29 **90071** Country
30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNEY, S.S.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STOOPS, C.C. JR.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNEY, S.S.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOEN, E.T.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, W. T. (ASST)	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, D.W.	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, Secretary, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Moen, E T	
13 STREET ADDRESS	600 Anton Boulevard, Suite 700	
14 CITY-ST-ZIP	Costa Mesa, CA 92628	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	300002874493-3	
24 CITY-ST-ZIP	-05/13/99--01109--011	
31 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Gardner, S S	
33 STREET ADDRESS	600 Anton Boulevard, Suite 700	
34 CITY-ST-ZIP	Costa Mesa, CA 92628	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	600 Anton Boulevard, Suite 700	
44 CITY-ST-ZIP	Costa Mesa, CA 92628	
51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Popovec, D J	
53 STREET ADDRESS	600 Anton Boulevard, Suite 700	
54 CITY-ST-ZIP	Costa Mesa, CA 92628	
61 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	West, L G	
63 STREET ADDRESS	600 Anton Boulevard, Suite 700	
64 CITY-ST-ZIP	Costa Mesa, CA 92628	

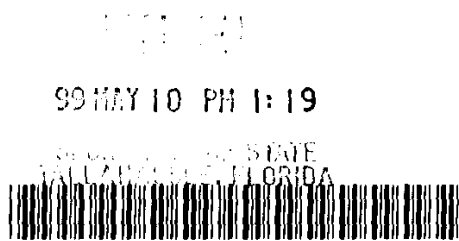
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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:

L.G. West
L.G. WEST, ASST TREASURER

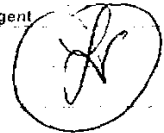
53-99

714 424-4200



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1972
4. FFI Number
25-1235389
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax Yes No
10. Name and Address of New Registered Agent



0007802

CR2E034 (11/98)