


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90050 015 \*\*\*150.00

**DOCUMENT # 838891**

1. Entity Name  
**AIRBUS NORTH AMERICA CUSTOMER SERVICES, INC.**




Principal Place of Business      Mailing Address  
**4355 NW 36 STREET**      **4355 NW 36 STREET**  
**MIAMI SPRINGS, FL 33166 US**      **MIAMI SPRINGS, FL 33166 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02152007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**13-2902359**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_      DATE \_\_\_\_\_

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCARTOR, T. ALLAN	
STREET ADDRESS	198 VAN BUREN, STE. 300	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOHNSIGL, ROBIN	
STREET ADDRESS	198 VAN BUREN ST., SUITE 300	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ECCLESTON, BARRY	
STREET ADDRESS	198 VAN BUREN, STE. 300	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HEIN, ROBERT P	
STREET ADDRESS	4355 NW 36 ST	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVIN, PATRICK	
STREET ADDRESS	4355 NW 36 ST	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MARTIN-NAGLE, RENEE	
STREET ADDRESS	198 VAN BUREN ST. SUITE 300	
CITY-ST-ZIP	HERNDON, VA 20170	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eccleston, Barry	
STREET ADDRESS	198 Van Buren Street, Suite 300	
CITY-ST-ZIP	Herndon, VA 20170	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hein, Robert P.	
STREET ADDRESS	198 Van Buren Street, Suite 300	
CITY-ST-ZIP	Herndon, VA 20170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin-Nagle, Renee	
STREET ADDRESS	198 Van Buren Street, Suite 300	
CITY-ST-ZIP	Herndon VA 20170	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

**SIGNATURE:**       **02-19-07**      **703-834-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**Renee Martin-Nagle**