2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838891

FILED Jan 09, 2009 Secretary of State

Entity Name: AIRBUS NORTH AMERICA CUSTOMER SERVICES, INC.

	Current Principal Place of Business:				New Principal Place of Business:		
	36 STREET RINGS, FL 33	166 US					
Current Mailing Address:				New Maili	New Mailing Address:		
	36 STREET RINGS, FL 33	166 US					
FEI Number	: 13-2902359	FEI Numbe	r Applied For()	FEI Number Not Appl	icable () Certificate of Status Desir	ed (X)	
Name and	d Address of	Current Reg	istered Agent:	Name and	Address of New Registered Agent:		
1200 S. PI	ORATION SY: NE ISLAND R ION, FL 3332	OAD					
	e named entity e of Florida.	submits this	statement for the p	ourpose of changing it	ts registered office or registered agent	, or both,	
SIGNATU							
	Electro	nic Signature	of Registered Age	ent	Date		
Election Ca	mpaign Financin	g Trust Fund (Contribution ().				
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGES TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	CD (MCARTOR, T. 198 VAN BUR HERNDON, VA	EN, STE. 300		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CHAMPION, C	T MAURICE BE		Title: Name: Address:	()Change ()Addition		
		DEA, FR 31/0/		City-St-Zip:			
Title: Name: Address: City-St-Zip:) Delete BARRY EN, STE. 300			()Change ()Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address:	CEO (ECCLESTON, 198 VAN BUR HERNDON, VA) Delete BARRY EN, STE. 300 \(\frac{20170}\)) Delete NA \(ST., SUITE 30		City-St-Zip: Title: Name: Address:	() Change () Addition CFO (X) Change () Addition BALDUCCHI, PHILIPPE 198 VAN BUREN ST., SUITE 300 HERNDON, VA 20170		
Title: Name: Address:	CEO (ECCLESTON, 198 VAN BUR HERNDON, VA VT (LOCHART, DA 98 VAN BUREI HERNDON, VA VD (MOURAREAU,) Delete BARRY EN, STE. 300 \(\) 20170) Delete NA \(\) ST., SUITE 30 \(\) 20170) Delete FRANCOIS EN ST., SUITE 3	10	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CFO (X) Change () Addition BALDUCCHI, PHILIPPE 198 VAN BUREN ST., SUITE 300		

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE MARTIN-NAGLE VP 01/09/2009