

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838891

FILED
Apr 27, 2011
Secretary of State

Entity Name: AIRBUS AMERICAS CUSTOMER SERVICES, INC.

Current Principal Place of Business:

4355 NW 36 STREET
MIAMI SPRINGS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

198 VAN BUREN STREET
SUITE 300
HERNDON, VA 20170 US

New Mailing Address:

FEI Number: 13-2902359 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD
Name: MCARTOR, T. ALLAN
Address: 198 VAN BUREN, STE. 300
City-St-Zip: HERNDON, VA 20170

Title: D
Name: LUX, DIDIER
Address: 1, ROND POINT MAURICE BELLONTE
City-St-Zip: BLAGNAC CEDEX, FR 31707

Title: DCEO
Name: ECCLESTON, BARRY
Address: 198 VAN BUREN, STE. 300
City-St-Zip: HERNDON, VA 20170

Title: CFO
Name: BALDUCCHI, PHILIPPE
Address: 198 VAN BUREN ST., SUITE 300
City-St-Zip: HERNDON, VA 20170

Title: DCOO
Name: ANDERSON, THOMAS
Address: 198 VAN BUREN ST., SUITE 300
City-St-Zip: HERNDON, VA 20170

Title: VPCS
Name: ROBERT, GECKLE A JR.
Address: 198 VAN BUREN ST. SUITE 300
City-St-Zip: HERNDON, VA 20170

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. GECKLE, JR.

VPCS

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date