2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000212

Entity Name: WITTENSTEIN AEROSPACE & SIMULATION, INC.

FILED Feb 05, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|--|---|------------------------------|---------|---|-------------------------|---|-----|
| 1249 HUMBRACHT CIRCLE BARTLETT, IL 60103 | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| C/O THIEDMANN & EDLER 222 SOUTH RIVERSIDE PLAZA, SUITE 1410 CHICAGO, IL 60606 | | | | C/O THIEDMANN & EDLER 525 W. MONROE STREET, SUITE 2360 CHICAGO, IL 60661 US | | | |
| FEI Number: 36-4408146 FEI Number Applied For () FEI Number | | | FEI Num | nber Not Applicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US | | | | | | | |
| 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 | |
| Election Cam | paign Financing Trus | st Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PRES () Dele SCHWARZ, KARL-HI 1249 HUMBRACHT C BARTLETT, IL 6010 | EINZ CIRCLE | | Title: Name: Address: City-St-Zip: | SCHWARZ, WALTER-WI | (X) Change () Addition KARL-HEINZ TTENSTEIN-STR. 1 GERMANY, XX 60103 | DE |
| Title: Name: Address: City-St-Zip: | SEC () Dele THIEDMANN, KLAUS 222 SOUTH RIVERS CHICAGO, IL 60606 | i U IDE PLAZA, SUITE 1410 | | Title: Name: Address: City-St-Zip: | THIEDMANN | IROE STREET, SUITE 23 | seo |
| Title: Name: Address: City-St-Zip: | VP () Dele CASTILLON, CARLO 1249 HUMBRACHT C BARTLETT, IL 6010 | S DIRCLE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DIR () Dele POSCH, GUENTER WALTER-WITTENST IGERSHEIM, GERMA | EIN-STRASSE 1 | | Title: Name: Address: City-St-Zip: | POSCH, GUI WALTER-WI | (X) Change () Addition ENTER TTENSTEIN-STRASSE 1 , GERMANY, XX 97999 | |
| Title: Name: Address: City-St-Zip: | DIR () Dele SCHWARZ, KARL-HI WALTER-WITTENST IGERSHEIM, GERMA | EINZ 'EIN-STRASSE 1 | | Title: Name: Address: City-St-Zip: | SCHWARZ, WALTER-WI | (X) Change () Addition KARL-HEINZ TTENSTEIN-STRASSE 1 GERMANY, XX 97999 | |
| Title: Name: Address: City-St-Zip: | DIR (X) Dele HERBST, TIMOTHY 1249 HUMBRACHT O BARTLETT, IL 60103 | CIRCLE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KLAUS U. THIEDMANN S 02/05/2007