

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001932</b> 1. Entity Name <b>ROLLS-ROYCE NORTH AMERICA INC.</b>	
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Principal Place of Business <b>14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>	Mailing Address <b>P.O. BOX 6242 ATTN: FINANCIAL SHARED SERVICES INDIANAPOLIS, IN 46206</b>
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>54-1967187</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUYETTE, JAMES M 14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DALE, THOMAS P 14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ELLIOTT, MICHAEL 14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SULLIVAN, MARY S 14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO POWERS, WILLIAM T 14850 CONFERENCE CENTER DRIVE, SUITE 100 CHANTILLY, VA 20151</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80036-004 150.00

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:** MARY S. SULLIVAN 3/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #