

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001932

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ROLLS-ROYCE NORTH AMERICA INC.

## Current Principal Place of Business:

14850 CONFERENCE CENTER DRIVE, SUITE 100  
CHANTILLY, VA 20151

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6242  
ATTN: FINANCIAL SHARED SERVICES  
INDIANAPOLIS, IN 46206

## New Mailing Address:

14850 CONFERENCE CENTER DR.  
SUITE 100  
CHANTILLY, VA 20151

FEI Number: 54-1967187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GUYETTE, JAMES M  
Address: 14850 CONFERENCE CENTER DRIVE, SUITE 100  
City-St-Zip: CHANTILLY, VA 20151

Title: V ( ) Delete  
Name: DALE, THOMAS P  
Address: 14850 CONFERENCE CENTER DRIVE, SUITE 100  
City-St-Zip: CHANTILLY, VA 20151

Title: T ( ) Delete  
Name: ELLIOTT, MICHAEL  
Address: 14850 CONFERENCE CENTER DRIVE, SUITE 100  
City-St-Zip: CHANTILLY, VA 20151

Title: S ( ) Delete  
Name: SULLIVAN, MARY S  
Address: 14850 CONFERENCE CENTER DRIVE, SUITE 100  
City-St-Zip: CHANTILLY, VA 20151

Title: CFO ( ) Delete  
Name: POWERS, WILLIAM T  
Address: 14850 CONFERENCE CENTER DRIVE, SUITE 100  
City-St-Zip: CHANTILLY, VA 20151

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY S SULLIVAN

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date