


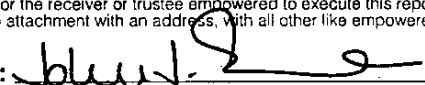
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90024 049 \*\*\*150.00

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<b>DOCUMENT # F02000001004</b>					
1. Entity Name BAE SYSTEMS REGIONAL AIRCRAFT INC.					
Principal Place of Business 13850 MCLEAREN ROAD HERNDON, VA 20171			Mailing Address 13850 MCLEAREN ROAD HERNDON, VA 20171		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 54-1656137				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEIRS, DAVID		NAME		
STREET ADDRESS	13850 MCLEAREN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANZIAN, MICHAEL		NAME	HANISH DAVIDSON	
STREET ADDRESS	13850 MCLEAREN ROAD		STREET ADDRESS	13850 MCLEAREN RD	
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP	HERNDON VA 20171	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEICHTER, JOHN J		NAME		
STREET ADDRESS	13850 MCLEAREN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
TITLE	TVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSE, STEPHEN J		NAME		
STREET ADDRESS	13850 MCLEAREN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATRAK, BRUCE M		NAME		
STREET ADDRESS	13850 MCLEAREN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBIN, MELISSA		NAME		
STREET ADDRESS	13850 MCLEAREN RD		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			JOHN J. SEICHTER 19 JAN 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		