

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001004

FILED
Jan 26, 2007
Secretary of State

Entity Name: BAE SYSTEMS REGIONAL AIRCRAFT INC.

Current Principal Place of Business:

13850 MCLEAREN ROAD
HERNDON, VA 20171

New Principal Place of Business:

Current Mailing Address:

13850 MCLEAREN ROAD
HERNDON, VA 20171

New Mailing Address:

FEI Number: 54-1656137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SPEIRS, DAVID
Address: 13850 MCLEAREN ROAD
City-St-Zip: HERNDON, VA 20171

Title: V () Delete
Name: DAVIDSON, HAMISH
Address: 13850 MCLEAREN ROAD
City-St-Zip: HERNDON, VA 20171

Title: VSD () Delete
Name: SEICHTER, JOHN J
Address: 13850 MCLEAREN ROAD
City-St-Zip: HERNDON, VA 20171

Title: TVD () Delete
Name: MASSE, STEPHEN J
Address: 13850 MCLEAREN ROAD
City-St-Zip: HERNDON, VA 20171

Title: DAS () Delete
Name: HATRAK, BRUCE M
Address: 13850 MCLEAREN ROAD
City-St-Zip: HERNDON, VA 20171

Title: AT () Delete
Name: SHAW, TERRY L
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

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
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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 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: JOHN J SEICHTER

VSD

01/26/2007

Electronic Signature of Signing Officer or Director

_____ Date