## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F02000001004

Entity Name: BAE SYSTEMS REGIONAL AIRCRAFT INC.

FILED Jan 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13850 MCLEAREN ROAD HERNDON, VA 20171 **Current Mailing Address: New Mailing Address:** 13850 MCLEAREN ROAD HERNDON, VA 20171 FEI Number: 54-1656137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SPIERS, DAVID Name: Name: 13850 MCLEAREN ROAD Address: Address: City-St-Zip: HERNDON, VA 20171 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CANZIAN, MICHAEL Name: 13850 MCLEAREN ROAD Address: Address: HERNDON, VA 20171 City-St-Zip: City-St-Zip: Title: Title: SWC () Delete VSD (X) Change ( ) Addition MASKELL, PATRICIA SEICHTER, JOHN J Name: Name: 13850 MCLEAREN ROAD 13850 MCLEAREN ROAD Address: Address: City-St-Zip: HERNDON, VA 20171 City-St-Zip: HERNDON, VA 20171 Title: () Delete Title: () Change () Addition MASSE, STEPHEN J Name: Name: Address: 13850 MCLEAREN ROAD Address: City-St-Zip: HERNDON, VA 20171 City-St-Zip: Title: Title: () Delete DAS ( ) Change (X) Addition Name: Name: HATRAK, BRUCE M Address: 13850 MCLEAREN ROAD Address: City-St-Zip: City-St-Zip: HERNDON, VA 20171

I hereby certify that the information supplied with this filing does not qualify for the 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 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 DVS 01/29/2003