

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 023 ***150.00

DOCUMENT # F03000002778

1. Entity Name
ROLLS-ROYCE COMMERCIAL MARINE INC.



Principal Place of Business

200 JAMES DRIVE WEST
ST. ROSA, LA 70087

Mailing Address

14850 CONFERENCE CENTER DRIVE
CHANTILLY, VA 20151

34030220



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02172004

Chg-P

CR2E034 (10/03)

City & State

ST. ROSE

City & State

4. FEI Number

52-2247832

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME GUYETTE, JAMES M
STREET ADDRESS 14850 CONFERENCE CENTER DR., SUITE 100
CITY-ST-ZIP CHANTILLY, VA 20151

TITLE S ☐ Delete
NAME SULLIVAN, MARYS
STREET ADDRESS 14850 CONFERENCE CENTER DR., SUITE 100
CITY-ST-ZIP CHANTILLY, VA 20151

TITLE T ☐ Delete
NAME ELLIOTT, MICHAEL
STREET ADDRESS 14850 CONFERENCE CENTER DR., SUITE 100
CITY-ST-ZIP CHANTILLY, VA 20151

TITLE P ☐ Delete
NAME ALLISON, RICHARD M
STREET ADDRESS 200 JAMES DRIVE WEST
CITY-ST-ZIP ST. ROSA, LA 70087

TITLE V ☐ Delete
NAME MILLER, DAVID M
STREET ADDRESS 200 JAMES DRIVE WEST
CITY-ST-ZIP ST. ROSA, LA 70087

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ST. ROSE

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ST. ROSE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mary S. Sullivan MARY S. SULLIVAN

3/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #