



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 049 ***150.00

DOCUMENT # F03000002778					
1. Entity Name ROLLS-ROYCE COMMERCIAL MARINE INC.					
Principal Place of Business 200 JAMES DRIVE WEST ST. ROSE, LA 70087			Mailing Address 14850 CONFERENCE CENTER DRIVE CHANTILLY, VA 20151		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03022006 Chg-P CR2E034 (11/05)	
4. FEI Number 52-2247832				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYETTE, JAMES M		NAME		
STREET ADDRESS	14850 CONFERENCE CENTER DR., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY, VA 20151		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MARYS S		NAME		
STREET ADDRESS	14850 CONFERENCE CENTER DR., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY, VA 20151		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, MICHAEL		NAME		
STREET ADDRESS	14850 CONFERENCE CENTER DR., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY, VA 20151		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLISON, RICHARD M		NAME	OLUF HOLM	
STREET ADDRESS	200 JAMES DRIVE WEST		STREET ADDRESS	200 JAMES DR W	
CITY-ST-ZIP	ST. ROSE, LA 70087		CITY-ST-ZIP	ST ROSE LA 70087	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DAVID M		NAME	JORGE MORALES	
STREET ADDRESS	200 JAMES DRIVE WEST		STREET ADDRESS	110 NORFOLK ST	
CITY-ST-ZIP	ST. ROSE, LA 70087		CITY-ST-ZIP	WALPOLE, MA 02081	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		3/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	