

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002778

FILED
Apr 30, 2008
Secretary of State

Entity Name: ROLLS-ROYCE COMMERCIAL MARINE INC.

Current Principal Place of Business:

200 JAMES DRIVE WEST
ST. ROSE, LA 70087

New Principal Place of Business:

Current Mailing Address:

14850 CONFERENCE CENTER DRIVE
CHANTILLY, VA 20151

New Mailing Address:

FEI Number: 52-2247832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: GUYETTE, JAMES M
Address: 14850 CONFERENCE CENTER DR., SUITE 100
City-St-Zip: CHANTILLY, VA 20151

Title: S () Delete
Name: SULLIVAN, MARYS S
Address: 14850 CONFERENCE CENTER DR., SUITE 100
City-St-Zip: CHANTILLY, VA 20151

Title: T () Delete
Name: ELLIOTT, MICHAEL
Address: 14850 CONFERENCE CENTER DR., SUITE 100
City-St-Zip: CHANTILLY, VA 20151

Title: P () Delete
Name: MALACHIPA, WILLIAM J
Address: 200 JAMES DR, W
City-St-Zip: SAINT ROSE, LA 70087

Title: V () Delete
Name: MORALES, JORGE
Address: 120 NORFOLK ST
City-St-Zip: WALPOLE, MA 02081

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: P (X) Change () Addition
Name: MALACRIDA, WILLIAM J
Address: 200 JAMES DR, W
City-St-Zip: SAINT ROSE, LA 70087

Title: V (X) Change () Addition
Name: D'APRILE, PIER
Address: 110 NORFOLK ST
City-St-Zip: WALPOLE, MA 02081

I hereby certify that the information supplied with this filing does not qualify 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: MARY S SULLIVAN

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04/30/2008

Electronic Signature of Signing Officer or Director

Date