

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000873

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRIUMPH AEROSPACE SYSTEMS - NEWPORT NEWS, INC.

Current Principal Place of Business:

703 MIDDLE GROUND BLVD
NEWPORT NEWS, VA 23606

New Principal Place of Business:

Current Mailing Address:

1550 LIBERTY RIDGE DRIVE
SUITE 100
WAYNE, PA 19087

New Mailing Address:

FEI Number: 54-1486601 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: P () Delete
Name: JACOBSON, WILLIAM
Address: 703 MIDDLE GROUND BLVD.
City-St-Zip: NEWPORT NEWS, VA 23606

Title: VC () Delete
Name: GOTTFRIED, MARK
Address: 703 MIDDLE GROUND BLVD.
City-St-Zip: NEWPORT NEWS, VA 23606

Title: VT () Delete
Name: KORNBLATT, DAVID
Address: 1550 LIBERTY RIDGE DRIVE SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: VS () Delete
Name: WRIGHT, II, JOHN B
Address: 1550 LIBERTY RIDGE DR, STE 100
City-St-Zip: WAYNE, PA 19087

Title: D () Delete
Name: ILL, RICHARD C
Address: 1550 LIBERTY RIDGE DRIVE SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: VP () Delete
Name: SPAGNOLO, SHEILA
Address: 1550 LIBERTY RIDGE DR, STE 100
City-St-Zip: WAYNE, PA 19087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTS (X) Change () Addition
Name: KORNBLATT, DAVID
Address: 1550 LIBERTY RIDGE DRIVE SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: () Change () Addition
Name:
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 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: SHEILA SPAGNOLO

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date