

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002520

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: ASTON MARTIN LAGONDA OF NORTH AMERICA, INC.

## Current Principal Place of Business:

ONE PREMIER PLACE  
IRVINE, CA 92618

## New Principal Place of Business:

## Current Mailing Address:

A PARKLANE BLVD FOC II  
STE 330 MAIL DROP CA17  
DEARBORN, MI 48126

## New Mailing Address:

ONE PREMIER PLACE  
IRVINE, CA 92618

FEI Number: 06-1220222

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: PCD ( ) Delete  
Name: DONNELLY, W T  
Address: BANBURY ROAD  
City-St-Zip: GAYDON, GREAT BRITAIN,

Title: TD ( ) Delete  
Name: HUNSLEY, DAVID  
Address: BANBURY ROAD  
City-St-Zip: GAYDON, GREAT BRITAIN,

Title: VD ( ) Delete  
Name: WALTON, JOHN  
Address: ONE PREMIER PLACE  
City-St-Zip: IRVINE, CA 92618

Title: S ( ) Delete  
Name: MURPHY, SHAWN  
Address: ONE PREMIER PLACE  
City-St-Zip: IRVINE, CA 92618

## 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: S (X) Change ( ) Addition  
Name: PLUNKETT, MARIA  
Address: ONE PREMIER PLACE  
City-St-Zip: IRVINE, CA 92618

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: MARIA PLUNKETT

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04/29/2008

Electronic Signature of Signing Officer or Director

Date